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ABSTRACT

This annual report from the Statewide Anti-Drug Abuse Council of New York proposes strategies for the coming year. Ongoing support for the state and local law enforcement efforts is reaffirmed as a vital component of the strategy. The council promotes a strengthening of their commitment and focus on severely impacted populations, integration of governmental capacities, more involvement of citizens, and more efficiency in coordinating and pooling of efforts. After the executive summary, the report examines drug and alcohol-related trends for New York State and the nation. Next, the report discusses criminal and juvenile justice system progress and priorities. The issues here include strength through coordination and resource sharing; federal participation in drug enforcement; attacking major drug trafficking organizations; controlling instruments of the drug trade; new tools for crime control; protecting the integrity of communities; taking the profit out of the drug business; user sanctions for the alcohol and drug-impaired driver; and interventions with troubled youth. The next section on treatment progress and priorities includes descriptions of expanding services. Issues for improving quality and accountability are discussed. The final section on prevention progress and priorities discusses the following target groups: high risk groups; the community; schools; family; and the workplace. Also discussed are the media and prevention research. Priorities for 1991 and beyond are presented within the context of each section. Most sections include references. (LLL)

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STATE OF NEW YORK

ANTI-DRUG ABUSE

STRATEGY REPORT

1990 UPDATE



THE GOVERNOR'S STATEWIDE ANTI-DRUG ABUSE COUNCIL

MARIO M. CUOMO
Governor

STAN LUNDINE
Lieutenant Governor, Chairman

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ANTI-DRUG ABUSE

S T R A T E G Y R E P O R T

1990 UPDATE



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MARIO M. CUOMO
Governor

STAN LUNDINE
Lieutenant Governor, Chairman

December, 1990

STATE OF NEW YORK

ANTI-DRUG ABUSE STRATEGY REPORT UPDATE

MARIO M. CUOMO
Governor

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December, 1990

Governor Mario M. Cuomo
Executive Chamber
State Capitol
Albany, New York

Dear Governor Cuomo:

We are pleased to present you with the Statewide Anti-Drug Abuse Council's 1990 Strategy Report Update. Last year, as you recall, the members of this Council first came together to prepare a strategy to confront the devastating epidemic of drug and alcohol abuse and the violence it engenders.

The Council's scope and impact have been strengthened this year by the addition of the Office of Mental Health, the Department of Social Services, and the Division of Veterans' Affairs. Their presence has enhanced the State's ability to work cooperatively and creatively on such projects as the establishment of multi-purpose treatment campuses and a variety of "New York/New York" initiatives.

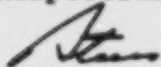
We are encouraged by signs of progress. Our citizens are increasingly intolerant of drug trafficking in their communities and are fighting back. Our drug and alcohol treatment system can now serve nearly 12,000 additional persons at a time. We have created a new drug enforcement task force and substantially improved our ability to strip drug dealers of their illegal gains. Most importantly, we are able to teach more children to lead healthy lifestyles by expanding school and community-based prevention programs. Finally, both national and New York trends suggest we are making headway among casual users and high school students.

Nevertheless, widespread abuse of drugs and alcohol and unrelenting bloodshed associated with the drug enterprise persist at unacceptable levels. Tragically, the most severely afflicted portions of the population have benefited the least from our efforts. Many of the homeless, AIDS victims, the mentally ill, criminal offenders, and pregnant women continue heavy use, resulting in criminal activity, serious illness, despair, and other social and economic costs.

We are making progress, but we must intensify our purpose and conviction if we hope to strike at the heart of this epidemic. We will continue to coordinate the activities of many disparate elements -- agencies, community organizations, schools, businesses -- into an orchestrated strategy. We will concentrate the mass of our resources on the most chronically stricken. Above all, we will not allow ourselves to grow complacent.

We remain convinced that drug and alcohol abuse is New York's number one problem and reaffirm our commitment that the members of your Administration will do everything possible to eradicate it from our State.

Respectfully submitted,



Stan Lundine
Lieutenant Governor

SECOND PRINTING

MARCH, 1991

THIS IS THE SECOND PRINTING OF THIS DOCUMENT. IT REFLECTS MINOR
CORRECTIONS THAT HAVE BEEN MADE TO THE TEXT AFTER THE FIRST PRINTING.

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EXECUTIVE SUMMARY

and

PREFACE

THE EVOLUTION OF OUR STRATEGY

In November 1989, the Statewide Anti-Drug Abuse Council (ADAC) presented the first Anti-Drug Abuse Strategy Report to Governor Cuomo. The report documented the enormous magnitude and devastating toll of drug and alcohol abuse in our State, described New York's extensive efforts to combat the problem and laid out an ambitious and comprehensive agenda for intensified State and local action. This update fulfills the Governor's mandate to the Council to report annually on the State's efforts to address the crisis and to propose strategies for the coming year.

There has been much progress in 1990, and New Yorkers can be justifiably proud of what has been accomplished. This year, State spending to combat drug and alcohol abuse has increased 20 percent, to over \$1.3 billion.

We have expanded the largest drug and alcohol treatment system in the nation and can now serve nearly 12,000 additional persons at a time. We have created a new drug enforcement task force and improved our ability to strip drug dealers of their illegal gains through a variety of programs and legislative initiatives. And we are able to teach more children to lead healthy lifestyles through expansion of DARE and other school-based programs. These and numerous other State and local initiatives are described in this summary and the complete report.

Most notably, we have seen remarkable persistence and resilience on the part of the people of our State. Citizens throughout New York have become increasingly intolerant of drug trafficking, crime and the erosion of their quality of life. They are fighting back to save their streets, neighborhoods and communities. They have organized and mobilized to express their indignation and frustration and to establish a united front against drug abuse and the drug culture. Those who have joined together in the battle are to be commended for their contributions.

Yet, despite our best efforts to reduce the supply and demand for drugs and the excessive use of alcohol, the level of abuse of these substances is frighteningly and unacceptably high.

The demand for illicit drugs has created a violent, underground economy. All too often, it claims innocent victims. The horrifying series of murdered children in New York City this summer and fall, including random and targeted victims of drug-related violence, is the sad legacy of the drug trade. Their deaths affect us all. Everyone whose drug use helps support the violent trade, from the addict to the casual user, must share responsibility for these heinous acts. They should not be allowed to view these children's passage as some vague abstraction, somehow unconnected to their individual habits.

Behind the headlines that dominate the war on drugs are other equally devastating stories. There are the accounts of teenagers or innocent families wiped out in alcohol-related motor vehicle crashes.

There are the tales of broken homes, dissolved marriages, and abused or abandoned children. And there are the statistics on spiraling health care costs, increased absenteeism, lost productivity, and industrial accidents that are directly attributable to drug and alcohol abuse. The solutions to these problems are not simple. However, we must continue to dedicate our scarce resources to the fight if we hope to preserve for our children the legacy of a life free from the ravages of addiction.

We recognize the pervasive and complex nature of the alcohol and drug problem that confronts society. That is why New York's strategy incorporates three fundamental elements that address both causes and effects.

- o We have promoted a major expansion of our prevention and public education efforts.
- o We have made a substantial commitment to growth of the alcohol and drug treatment systems.
- o We have expanded our law enforcement efforts to cut into illegal drug trafficking and to assure safer communities for our citizens.

ADAC has benefited from a very substantial involvement and input from many constituents and all segments of the State's population. The contribution that has been made by leaders from the business, community, local government and provider sectors has proven significant in both shaping the agenda and helping to assess and refine its perspective.

As we move to Year 2 of implementing the strategy, we see compelling evidence that the war can be won; this reinforces our pursuit of ADAC's goals. In addition, we see the need to focus and refine our energies in order to have the greatest possible impact.

The evolving process of New York State's efforts to carry out its commitment to compre-

hensive prevention programming, rapid expansion of treatment capacity, the focusing of attention on those who are ravaged by drug and alcohol abuse and often victimize the rest of us, and improved coordination and innovations in law enforcement, is the story presented in this year's update.

A number of new initiatives have been proposed this year that we feel will enhance the original strategy. We introduce these proposals mindful that New York is no more immune than other states to the economic malaise that plagues the nation. Realistic appraisal suggests that the dictates of fiscal prudence and responsibility may delay or forestall implementation of some worthwhile and necessary new programs. Nevertheless, we continue to view support for the drug and alcohol agenda as an indispensable investment in our future.

The Council has learned, from its own experience, that no single branch or level of government can provide the critical mass of human and financial capital to develop expansive and expensive new programs. That is why we are committed to cooperative efforts, in conjunction with our local governments, that will allow us to move forward in the present climate of fiscal restraint.

However, federal leadership and adequate federal financial participation are desperately needed and are crucial to the success of New York and nationwide strategies. We cannot afford to allow the federal government to abdicate responsibility as we drown in a sea of narcotics and suffer the tragic consequences of drug and alcohol abuse. Washington must assume a far greater role to ensure the safety of our streets and the provision of essential care to our neediest citizens.

For example, New York City has been officially designated as one of the nation's High Intensity Drug Trafficking Areas, yet the federal government has failed to allocate resources commensurate with the scope of the problem. Furthermore, it is absolutely crucial that the federal government

explicitly recognize alcohol as part and parcel of our drug problem. Appropriate alcohol abuse reduction strategies must be incorporated into the national drug control strategy.

CURRENT TRENDS AND IMPLICATIONS

Trends

A significant body of evidence exists telling us that while substantial gains have been made in addressing New York's drug and alcohol abuse problem, the problems persist at an unacceptable level.

Various drug use indicators show that there has been a decline in casual drug use. According to the 1988 National Household Survey on Drug Abuse,¹ the number of Americans using any illicit drug in the 30-day period prior to the survey has dropped 37 percent since 1985. The 1989 National High School Senior Drug Abuse Survey² reports similar findings among this particular group of young Americans — those reporting use of any illegal drug in the past 30 days decreased from the peak of 38.9 percent found in 1979 to 19.7 percent in 1989.

However, the data also show that compared to 1985, a major part of the drug problem intensified. Nationally, the frequent use of cocaine almost doubled, from 5.3 percent to 10.5 percent between 1985 and 1988.³ Not surprisingly, 1985 was the first year crack became widely available. In New York State, treatment admissions for cocaine more than doubled during this period, increasing from 7,253 in 1985 to 19,095 in 1988, and continued to rise to 20,379 in 1989.⁴

In New York State, the downward trend in drug use among the student population was confirmed by a 1988 survey conducted by the New York State Psychiatric Institute.⁵ This survey of students in grades 7 through 12 indicated that lifetime use was down dramatically as compared to the Division of

Substance Abuse Services/Division of Alcoholism and Alcohol Abuse (DSAS/DAAA) survey conducted five years earlier.⁶ Marijuana usage decreased from 46 percent to 28 percent; stimulants from 25 percent to 11 percent; inhalants from 22 percent to 6 percent; and cocaine from 14 percent to 6 percent. The level of alcohol use, however, has remained high and essentially unchanged, in stark contrast to the drug use trends. For example, in the month preceding the survey, more than three-fifths of high school seniors had used alcohol and one-quarter had used illegal drugs.

Moreover, research data also indicates that the problems of addiction and abuse are concentrated in particular segments of our population and have particularly insidious results. The population groups at highest risk of drug and alcohol abuse are often missed by household surveys and school surveys because they do not live in conventional households, they do not attend school, or they choose not to respond, or do not respond honestly. As a result, it is more difficult to offer statistical detail on the extent of the problem among the homeless, adolescent dropouts, mentally ill chemical abusers, persons with AIDS, and pregnant women.

The information which is available, however, attests to the severity of the problem among these individuals. A recent study indicates that 12 percent of homeless families report personal substance abuse problems, or abuse problems by family members.⁷ Another study found that 25 percent of homeless youth had an alcohol or drug abuse problem.⁸ Estimates of substance abuse by individuals who are diagnosed with mental disorders range as high as 60 percent.⁹ In terms of persons with AIDS, 43 percent of New York's cases are intravenous drug users (IVDUs) themselves. Additionally, IVDU-related cases — that is all IV drug users, plus sexual partners of IV drug users, and maternally transmitted pediatric cases, accounted for 47 percent of AIDS cases reported through September 1990.¹⁰

One of the most disheartening trends is the dramatic increase in the use of cocaine by pregnant women. Department of Health data indicate that hospital discharges of drug-affected infants born in New York State increased 82 percent from 1986 to 1989, from 2,738 to 4,989.¹¹ These changes coincide with the crack epidemic. There are an estimated 20,000 women who abuse alcohol during their pregnancy and place their children at risk. It is estimated that at least 5,500 babies are born in this state each year with fetal alcohol effects or fetal alcohol syndrome, the leading cause of mental retardation.¹²

Concomitant with the growing use of cocaine and crack during the late 1980s, there has been an increase in the observed level of violent crime. Between 1985 and 1989 in New York State, the number of homicides increased by 33 percent, robberies by 16 percent, and aggravated assaults by 34 percent.¹³ Much of the increase in crime and violence appears to be related to drugs.

For example, research indicates that more than one-third of New York City homicides are attributable to drug-related disputes, predominately associated with the crack trade.¹⁴ Furthermore, in New York County in 1989, 79 percent of male arrestees and 76 percent of female arrestees sampled tested positive for drug use.¹⁵ Though a slight decline from the 1988 statistics (83 percent of males and 80 percent of females tested positive), the number is still exceedingly high.¹⁶ In addition, 74 percent of the males and 63 percent of the females in our prison system have a history of drug abuse, according to a recent survey.¹⁷

Our attempt to deal with this problem of increasing levels of drug-related violence has placed excessive pressure on our criminal justice system. From 1985 to 1989 in New York State, the total number of arrests for violent felony crimes increased by 23 percent, for felony drug crimes by 151 percent; indictments for violent felonies increased by 6 percent, for drug felonies by 267 percent; and total felony convictions for all arrests increased by 41 percent, while sentences to prison in those cases increased by 60 percent.¹⁸

Today, our courts are overwhelmed by new cases, with Supreme and County Court felony filings up 55 percent and pending caseloads up 24 percent since 1985.¹⁹

The tremendous increase in the prison census can be attributed to the incarceration of persons convicted of drug sale or possession offenses. There are more than 18,000 such offenders in our correctional system, an increase of approximately 800 percent since 1980. These offenders account for about one-third of the prison population.²⁰

While drug use among the offender population remains high, recent indicators suggest that drug arrests are declining throughout the State; the sharpest drop is for misdemeanors in New York City and for felonies in other areas. This may reflect an adjustment by a criminal justice system already strained beyond its capacities. Without adequate resources, the system cannot effectively contribute to solving the problems associated with drug use and trafficking in New York.

Preliminary Conclusions

We have carefully assessed this data and placed it against the backdrop of this past year's experience. We are learning that:

1. Prevention Works

Broad-based public information and education efforts as part of a careful and pervasive prevention strategy do work. The data on casual drug use, especially in our schools, among our youth, demonstrate this success. Reinforcement of these messages by families, friends, the clergy and others who exert a powerful social influence has undoubtedly had a positive, synergistic effect on those who refrain from drug and alcohol abuse.

Unfortunately, we still have a long way to go. Alcohol and drug use among youth remains at alarmingly high levels. Although surveys and indicators such as emergency room cases, drug-

related deaths, and drug use by arrestees indicate a recent leveling off or decline in the use of certain drugs, particularly crack/cocaine, current usage levels remain extremely high, following several years of precipitous increase.

For example, cocaine-related deaths in New York City declined 29 percent in 1989, yet remained 63 percent higher than in 1985.²¹ Even if rates of use continue to decline at the present rate, it will be some years before they recede to the level of cocaine use which preceded the arrival of crack.

An additional caution is raised by DSAS field researchers who have observed that individuals who cease using crack are turning instead to alcohol or other illicit drugs, most notably heroin.²² Furthermore, alcoholism researchers and clinicians have observed that those who combine alcohol and illicit drug use continue to abuse alcohol after the cessation of other drug use.

We also know that our prevention messages must be improved to better target those populations at greatest risk of being trapped into a pattern of alcohol or drug use leading to addiction. For example, the New York State Psychiatric Institute student drug use study referenced above suggests that the early onset of drug use among children who come from low income families, minority communities and single-parent families puts them at substantially greater risk of becoming significantly involved in alcohol and drug abuse and, consequently, at greater risk of not completing their high school education.²³ The findings suggest that this high risk population should become a higher priority of our prevention and public education efforts.

We also see persistently excessive use of alcohol among all of our youth in every community, and we know that alcohol is a gateway drug leading to patterns of abuse and addiction. Special efforts of alcohol abuse prevention must be focused on our children -- to ensure that healthy lives are promoted, beginning at the earliest possible age. The research referenced above suggests that the age

of onset is emerging as a critical risk factor for more severe substance abuse.

In addition, the research found that most adolescent drug use follows a sequential pattern. Use of alcohol or cigarettes precedes the use of marijuana which, in turn, precedes the use of cocaine and other illicit drugs. While the use of a particular substance will not invariably lead to other drugs, patterns of use are likely to follow these paths. Experience with certain drugs is generally necessary for further experimentation.

Understanding this pattern of alcohol and drug use and the crucial nature of age of onset of use becomes critical as we sharpen our prevention strategies.

2. Treatment Demands Are Greatest Among Specific Populations

Evidence that the alcohol and drug abuse problem often zeroes in upon specific and somewhat definable populations is also evident. The resulting coexistence of addiction and disease, mental illness, criminality and other social disintegration produces significant and costly consequences. The cost of providing necessary health, mental health, housing, social, and educational services to pregnant alcohol and drug abusing women and their children, HIV-positive drug abusers, mentally ill chemical abusers, criminal offenders, homeless alcohol and drug abusers, and others is almost beyond comprehension or estimation.

In addition to the immediate risks of alcohol and drug abuse are the multiple and long-term effects associated with drug-taking behavior. Adults and their children are at high risk of contracting AIDS and other communicable diseases such as tuberculosis, hepatitis, and syphilis. In addition, children born to drug and alcohol abusing women may require supportive services for their entire lives. Fetal Alcohol Syndrome is the leading cause of mental retardation.²⁴ The long-term effect of cocaine on infants is not yet available. However, some psychiatrists predict that such children will

require specialized education services, which could have a devastating impact on an already overburdened school system.

These children have already had such an impact on the New York City social services system. Between 1985 and 1989, the City experienced a 300 percent increase in the number of reported cases of child abuse and neglect involving parental drug abuse. From April 1, 1987 to April 1, 1990, more than 30,000 children were added to the foster care system.²⁵

There is no uncertainty about the effects of AIDS. Although the incidence of AIDS in New York State appears to be leveling off, drug users show a higher risk of infection, particularly those who reside in impoverished urban areas where drug use is rampant. Moreover, AIDS continues to increase in females and children infected perinatally by their mothers.

Alcohol and drug abuse and AIDS are also factors complicating the delivery of services to the mentally ill and homeless populations. Mentally ill chemical abusers are difficult to diagnose properly, and require coordinated treatment services from both the mental health and alcohol and drug abuse

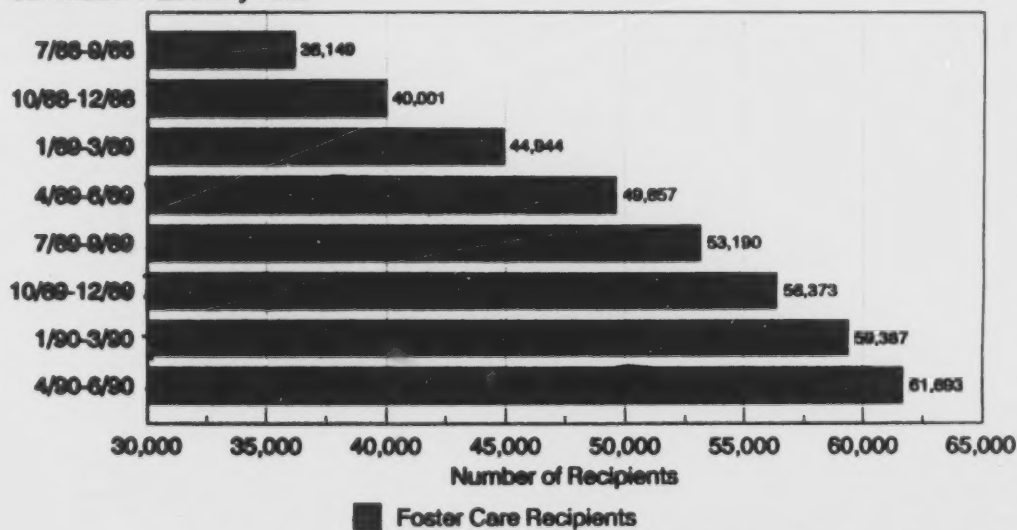
fields. Homelessness also compounds the problems of alcohol and drug abusers. These individuals not only need assistance with addiction, they need a place to live during and after treatment. In many cases, they require education and training before they can achieve any form of self-sufficiency.

The prevalence of alcohol and drug abuse is inordinately high among criminal offenders. Indeed, much of the growth of the State's correctional system over the past decade is directly attributable to the drug epidemic. At the same time, it must be recognized that this situation also presents a major opportunity to intervene in the lives of drug and alcohol abusers who need treatment. That is why it is critical to address the needs of these severely impacted populations through the development of specialized treatment programs, procedures and techniques.

More importantly, treating these target populations is sensible public policy because these abusers have a multiple effect on society's ills and the tax burden we all share. Treatment works! Treatment must be made available to those who spread deadly disease, abuse and abandon their children, clog our overburdened criminal justice system, and in doing so cost us billions of dollars.

Foster Care Recipients In New York State July 1988 To June 1990

Cumulative Quarterly Total



Source: New York State Department of
14 Social Services

3. We Must Enhance the Capacity of the Criminal Justice System to Deal with Drug and Alcohol Dependent Offenders

Continued expansion of the prison system as a response to alcohol and drug-related problems is not cost-effective. New York State must reform our systems, so that they address the need for an effective and dedicated treatment capacity in conjunction with the probation and parole systems, that is focused on breaking the cycle of abuse and addiction that manifests itself in criminal behavior.

We must also enhance our capacity to make the criminal justice system itself more efficient. Achieving swift and certain justice is absolutely essential, and this requires that we maximize the efficiency of the court system as it deals with alcohol and drug-related behavior.

4. An Expanded System Requires a Trained and Motivated Workforce

One of the major challenges impeding expansion efforts is the acute shortage of qualified treatment staff. As discussed in last year's report, drug and alcohol abuse providers have significant difficulties recruiting and retaining staff in existing programs due to low salaries, poor fringe benefits, frequently undesirable work environments, lack of promotional opportunities, absence of career ladders, and few opportunities for training and education.

Both State agency staff and practitioners in the field recognize that these programs have historically been at a disadvantage when competing for qualified staff. The best counselors and clinicians seek jobs in more remunerative fields, and even those who do accept jobs in drug programs frequently move on to more lucrative jobs upon receiving experience--resulting in high and damaging staff turnovers.

The workforce must be equipped with the most up-to-date information and skills, since the capability of the staff is reflected in client care and its efficiency drives the cost of the system.

THE 1989 STRATEGY REPORT

The 1989 strategy report encompassed a wide range of recommendations -- over 100 in all -- aiming to expand and enhance existing services, while simultaneously fostering innovative new services to meet needs that could not be otherwise addressed.

The strategy as a whole was divided into three major categories pertaining to the functional areas of prevention, treatment, and criminal justice. While it was always apparent that such categorization can obscure the complex interrelationships that hold among the service systems, the structure was retained as a symbol of the balance that is so crucial to a comprehensive response to the problems confronting us.

The criminal justice system plays a key role in the anti-drug strategy. First and foremost, the strategy proposed an increase in resources across the adult and juvenile justice systems to enable authorities to respond to record levels of drug offenses and violent criminality. Improved economies and efficiency were also urged through a number of recommendations supporting coordination and cooperation among the many agencies involved in drug law enforcement. Another set of proposals, including enactment of a comprehensive asset forfeiture law, was designed to divest drug dealers of illegally obtained assets.

In recognition of the vital role played by rehabilitation in the reduction of demand for drugs, several recommendations were made to expand treatment capacity for offenders in both institutional and community settings and to enhance supervision of drug dependent probationers and parolees. The Council also endorsed an array of user sanctions including license suspension, fines, and community service sentences, as means of creating deterrents to casual drug use and holding users accountable.

In terms of the treatment system generally, the Council set its sights high and proposed a treatment

strategy with ambitious short and long-range goals for the expansion of system capacity. The expansion of residential drug and alcohol treatment capacity by 10,000 beds over two years and by 15,000 beds over five years was the centerpiece of the recommendations, but it was by no means the only critical component. Expansion of ambulatory treatment services was set at 10,000 treatment slots for the drug treatment system. Similarly, it was recommended that ambulatory alcoholism treatment be expanded to allow programs to see an additional 10,000 individuals each month.

The Council recommended the establishment of drug and alcohol treatment campuses on State or federal property. This proposal was envisioned as a way of offering a comprehensive blend of services at a single site and as a vehicle for facilitating rapid expansion by avoiding community opposition to residential programs.

It was already apparent last year that there are categories of individuals within our society -- adolescents, criminal offenders, pregnant women, women with children -- for whom drug and alcohol abuse is particularly prevalent or for whom the results of such abuse are particularly devastating. Statistical and graphic presentations in last year's report clearly illustrate this harsh reality. Thus, many of the recommendations proposed by ADAC focused on the expansion, intensification and increased accessibility of outreach, counseling, and treatment services for these critical populations.

Because polydrug abuse, including the concurrent abuse of alcohol and illegal drugs, has become the norm among our most severely disordered substance abusers, the Council recommended closer integration of drug and alcohol treatment services, greater coordination of these services at the State level and improved linkages with the health care and social services systems.

The report also documented how New York, above all other states, has suffered from the AIDS crisis. Continued implementation of the State's Five-Year Interagency Plan for combatting AIDS was identified as an urgent priority.

Finally, virtually all the experts who contributed to the formulation of the 1989 strategy identified the recruitment and retention of qualified staff as a significant obstacle to treatment expansion. Thus, a series of recommendations aimed at furthering the goal of a well-trained and fairly compensated work force were proposed.

In the prevention arena, the strategy called for increased support for comprehensive community-based programs, including those implemented in the Council's four demonstration areas in New York City and Newburgh. Other recommendations included the development of partnerships between police and the communities they serve; an increased role for schools as focal points for community activity; and the expansion of recreational, educational, and employment opportunities for youth. Emphasis was also placed on the intensification of workplace-based drug and alcohol prevention programs as well as on the need to reach those segments of the population most at risk of drug and alcohol abuse. Perhaps most fundamentally, the report emphasized that prevention messages transmitted in schools, at home and in the community must be mutually reinforcing to achieve maximum impact.

HIGHLIGHTS OF NEW YORK'S PROGRESS

Criminal Justice Progress

A wide variety of programs have contributed to the improvement of drug law enforcement efforts.

Recognizing that effective enforcement efforts demand an active partnership across all levels of government, initiatives were implemented to enhance State and local cooperation:

- State criminal justice agencies trained municipal police officers in highway drug interdiction, community policing and other investigative techniques.

- Four regional State Police Community Narcotics Enforcement Teams were created to assist local law enforcement agencies in the disruption of street-level drug activity.
- A third regional drug enforcement task force was created, a fourth is currently being organized, and plans are being made to expand an existing task force to include three additional counties.

Several initiatives were implemented to restrict the ability of drug traffickers to profit from the proceeds of their crime:

- Comprehensive asset forfeiture legislation was passed, providing at the same time a firm foundation for reducing criminal profits and a basis for increased revenues for law enforcement and treatment services.
- Several laws strengthening the State's capacity to investigate and prosecute money launderers were enacted.
- A Crime Proceeds Strike Force was created and initiated in-depth investigations of

suspected illegal money laundering and money-transmitting operations.

To aid in the system's capacity to guarantee swift and certain justice, special emphasis was also placed on the enhancement of the judicial system:

- Thirty-two new judgeships were authorized statewide to enable criminal and family courts to respond to the influx of drug-related cases.
- Additional narcotics courts were created to expedite the prosecution of drug cases in New York City and Westchester County.

Treatment Progress

The second crucial element in the State's strategy was the utilization of treatment to reduce demand in the most direct manner felt, among the addicts themselves. Accordingly, a wide variety of initiatives were undertaken to expand and enhance the treatment system.

At the core of these efforts was the implementation of the dramatic expansion of capacity recommended in the first strategy report:

1990 Treatment Expansion

<u>State Agency</u>	<u>Residential</u>	<u>Ambulatory</u>	<u>Total</u>
Division of Alcoholism and Alcohol Abuse	527	3,962	4,489
Division of Substance Abuse Services	554	5,926	6,480
Department of Correctional Services	800	N/A	800
Total Growth	1,881	9,888	11,769

Capacity expansion in targeted categories

- Nearly 6,500 drug abuse treatment spaces have been added since November 1989, including 554 residential beds, 2,484 ambulatory methadone slots and 3,442 drug-free ambulatory slots.
- DAAA has increased its residential capacity by 527 beds, and can now serve 3,962 more persons than last year in outpatient programs at a given time.
- In the correctional system, the number of inmates served through Alcohol and Substance Abuse Treatment (ASAT) programs increased by over 10,000 from 1988 to 1990. Another 800 treatment beds have been added to the system this year through the four initial correctional treatment annexes comprising the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program. In addition, a 750-bed treatment facility will be completed within several months and a fifth 200-bed treatment annex has been opened, but is not as yet serving CASAT participants.

In response to the multiple treatment, health care and social services needs of drug and alcohol abusers, much progress has been made over the past year toward establishing a comprehensive and coordinated service delivery system. This has been accomplished through the pursuit of a number of multiagency, geographically focused initiatives that cut across individual service systems:

- New York/New York -- a broad consortium of State and New York City agencies focuses on programs for women and children. Project "Connect" will begin soon in three designated communities: Bedford-Stuyvesant, Central Harlem and Mott Haven -- coordinating services to pregnant or parenting women who are drug or alcohol abusers or who are at substantial risk of abuse.
- "Target Cities" -- The State and New York City are jointly developing a comprehensive

and coordinated system of drug abuse services in the South Bronx and Northern Manhattan. A central intake, assessment and referral unit with multiple points of entry designed to match client needs with available services dedicated to this project is being created as a first step toward implementation of this federally funded program.

- The four Community Demonstration Projects -- Located in sections of the Bronx, Brooklyn, and Queens as well as the City of Newburgh, these community-led anti-drug initiatives are demonstrating that local involvement is the key to fighting drugs, and in laying the foundation for community acceptance and sponsorship for treatment programs as a natural outgrowth of their initial focus on prevention and criminal justice concerns.

Responding to the growing need for specialized services, numerous initiatives have been targeted to meet the unique needs of special population groups. In addition to the New York/New York effort noted above, particularly noteworthy projects are:

- Three treatment campuses are being developed on State property, as called for in last year's Strategy Report. More than 300 adults and adolescents will receive treatment, education, vocational training and other services at Newark Developmental Center in Western New York. In addition, the campus will be home to approximately 60 children whose mothers will be enrolled in various programs. The other two campuses will provide a variety of services for mentally ill chemical abusers.
- Specialized community residence beds for 148 mentally ill chemical abusers have been developed, with an additional 101 beds in the planning stage.
- Family Support Communities is a legislative initiative that involves the development of a

special treatment model for pregnant women and women with small children. A range of family support services designed to keep the family unit intact will be provided.

- Acceleration of service delivery to alcohol and drug using individuals in the homeless population is being accomplished through efforts such as the Short-Term Assessment and Rehabilitation (STAR) project, the Grand Central Terminal initiative for Homeless in Public Spaces, and the provision of drug and alcohol abuse treatment services in shelters for homeless families.
- A 50-bed pilot residential program is being proposed for start-up in the NYC area - targeting homeless Vietnam era combat veterans suffering from drug abuse problems and Post Traumatic Stress Disorder (PTSD) symptoms.
- Services to HIV-infected drug abusers have been expanded through initiatives such as a new methadone clinic at St. Clare's Hospital in New York City.

Since it is not enough simply to do more, several initiatives have been undertaken that are designed to help programs improve quality as well:

- A new Clinical Research Center was opened in conjunction with DAAA's Research Institute on Alcoholism in Buffalo.
- A new system for Program Assessment and Cost Effectiveness (PACE) has been developed and is being further refined to guide DSAS in its quality assurance efforts.
- A Cocaine/Crack Research Working Group has been established to provide a forum for researchers to discuss and evaluate the latest findings in the epidemiology and treatment of cocaine addiction.

Prevention Progress

Impressive as these efforts in criminal justice and treatment have been, it remains clear that in the final analysis our best hope in the struggle against drug and alcohol abuse is to prevent its occurrence. Accordingly, we can be heartened by the impressive range of prevention activities undertaken or accelerated over the past year:

- Over \$50 million in State funding is being provided to support New York's network of more than 300 school and community-based drug and alcohol abuse prevention programs, local Councils on Alcoholism and Substance Abuse, and 86 Task Force on Integrated Projects programs. Ninety-six new programs were established this year through the Division of Substance Abuse Services network alone.
- The Anti-Drug Abuse Council has invested significant time and energy in four comprehensive community demonstration projects initiated during 1989 in the Bronx, Brooklyn, Queens, and Newburgh.
- Seven prevention demonstration projects have been initiated in upstate communities, and innovative Community Youth Activity Programs have been established in Buffalo and Albany.
- Increased support has been provided for law enforcement and prevention programming in public housing.
- Funding was provided for 12 communities to establish Coordinated Omnibus Municipally Based Anti-Drug Teams (COMBAT) that will target street-level drug trafficking while coordinating with broader community-wide prevention initiatives.
- The role played by schools in the prevention effort is being heightened:

- comprehensive guidelines on alcohol and substance abuse prevention have been distributed to all school districts and to community agencies;
- a revised Alcohol: The Gateway Drug for grades K-12 was distributed this year;
- a Drug-Free School Zone Guide for schools and communities is being developed;
- the Schools as Community Sites program was implemented in 12 new school districts this year, bringing the total number of Community Schools to 33.
- Ongoing State training has been provided to local police officers to promote further expansion of the Drug Awareness Resistance Education (DARE) program, which is now offered in over 300 school districts and 198 non-public schools statewide.
- The Health Education and Services Network, consisting of 12 regional advisory boards that will coordinate health-related and prevention-oriented programs, was established this year.
- Organizations throughout New York, including small businesses, school districts, organized labor, law enforcement and community organizations, were assisted in their efforts to establish Employee Assistance Programs.
- A State agency management committee was established to review and select State job titles for pre-employment drug testing. The Committee developed a protocol to ensure the accuracy and fairness of the testing process and identified a number of titles that will be subject to testing.

FOCUSING THE 1991 AGENDA: BUILDING UPON OUR EXPERIENCE

It is clear that the State must maintain its efforts to expand prevention and treatment services to meet the persistent and critical needs of our citizens and society. It is equally clear that this commitment to expansion must be focused on those targets of need that have a significant impact in New York State.

Criminal Justice Priorities

We must enhance and refine our criminal justice efforts to permit this system to be truly effective in addressing its role in attacking the crime-related effects of alcohol and drug abuse, addiction and illegal activity.

Given the rise in violent crime, especially drug-related violent crime, it becomes imperative that the Legislature speak to the need for greater penalties for such crimes. Improving our system of sanctions as it relates to the commission of violent crime is absolutely essential. This year, the Legislature should enact the Governor's Omnibus Anti-Violence Act that addresses the proliferation of violence accompanying the drug trade. Among other provisions, this bill would prohibit unlicensed possession of assault weapons and authorize life imprisonment without parole for certain homicides, including those committed during drug transactions.

In addition, we have identified specific improvements that can increase the contribution of law enforcement to the ADAC agenda. The success of multi-jurisdictional task forces across New York State requires that we sustain these vehicles for collaborative activity. We must also improve our intelligence-gathering and sharing capacity across state and local governmental criminal justice agencies. Our goal is to make more efficient the drug-related crime investigations

that must be addressed by hundreds of separate agencies throughout New York State.

Enhancing police training is also necessary. Local police officers are our first line of defense in our dealing with illicit drugs. Their training should include instructions in the use of the new asset forfeiture legislation, state-of-the-art evidence processing, field drug testing and necessary legal updates. In addition, furthering the training of local police officers through the Drug Recognition Expert Program will improve traffic safety on our streets.

We also need to address the methodologies with which we process narcotics evidence. New technologies analyzing suspected contraband, especially in the field, must be deployed in order to reduce backlogs in the volume of testing that now must be done in police laboratories. We must also improve the capacity of the legal system, through our courts, to assure swift and certain justice. A system of swift defendant processing requires advanced communication and information systems as well as sufficient space and personnel to pursue cases. The most cost-efficient approach to this end is the application of new technologies to facilitate criminal history record information processing required to expedite the arrest-to-arraignment process. In addition, electronic appearances should be instituted to overcome the many logistical problem associated with arranging court hearings.

We have built an extensive and secure State prison system that cannot be maximally effective because it is used to incarcerate some offenders who could be managed more effectively in alcohol and drug treatment facilities. We cannot abandon our commitment to assure an effective system of incarceration that contributes to our responsibility for domestic peace and safety. Yet, to continue to use expensive and desperately needed prison space to address the needs of nonviolent offenders who require treatment and skill development, is truly unproductive. We believe that a dedicated treatment capacity, which can support all components of the criminal justice system and can

be used to effectively manage and treat criminals who are seriously addicted to alcohol and other drugs, is absolutely imperative.

While we are improving our law enforcement efforts, making our courts more capable of transacting swift and certain justice and utilizing our prison capacity more effectively, we cannot let the profits of illegal activity remain as benefits to those engaged in criminal activity. We must expand our efforts to confiscate the assets that otherwise get reinvested in crime, and utilize these confiscated resources in the fight against drug crime.

Police departments and the courts must be better trained to effectively apply existing statutes to maximize asset forfeiture revenues. As a corollary, the Division of Criminal Justice Services must improve its capacity to track and analyze forfeiture activity and revenue data. This will help police and the courts avail themselves of this opportunity to use forfeiture as an effective sanction and simultaneously develop revenues to support criminal justice and treatment systems.

In addition, we must strengthen our ability to uncover money laundering through legislative action and the establishment of a Criminal Investigation Bureau within the Banking Department.

A common theme heard throughout today's criminal justice systems is the need to broaden the scope of available sanctions for drug offenders. The system is often criticized for ignoring first time offenders and then moving them abruptly into state incarceration upon commission of subsequent offenses. Thus, efforts have begun to increase the scope of available and appropriate sanctions for offenders charged with illegal drug possession. A number of sanctions, such as community service, day fines, forfeiture of vehicles and mandatory treatment of drug dependency are utilized with minor drug offenders.

Legislation should be passed to increase the breadth of available user sanctions, including the

suspension of drivers licenses for offenders convicted of drug offenses. These sanctions should include the mandatory suspension, revocation or postponement, absent compelling circumstances, of driving privileges of adults and juveniles convicted or found delinquent for drug possession or sale offenses. Beginning in October 1993, the federal government will withhold a portion of highway aid from States that fail to enact similar legislation, unless both houses of the Legislature and the Governor officially express their objection to the legislation.

In addition, legislation should be enacted to authorize the denial of selected government benefits, such as grants, contracts and loans. Safety-net programs such as social security, disability and veterans benefits should be exempted from drug-related sanctions. These options should be available to judges for imposition in appropriate cases, with due consideration of mitigating circumstances.

A continuum of penal sanctions which include sufficient supervision, punishment and treatment appropriate for non-violent drug-involved offenders should be made available within the community. A range of sanction options are needed, including combinations of incarceration, transitional residences and intensive community supervision. The establishment of day and evening reporting center programs would enhance the supervision of and service delivery to drug dependent offenders and their families. By broadening eligibility for the Shock Incarceration programs, prison population management can be achieved without adversely affecting public safety.

Basic probation services also must be strengthened through guidelines for handling drug dependent offenders, drug testing and a gradation of responses to a positive test, including mandatory drug treatment.

Finally, an alternative rehabilitation program should be developed for juveniles which combines a therapeutic approach with rigorous physical

exercise, with the goal of enhancing the youth's perceptions of self-worth.

Treatment Priorities

It is critical that New York State expand community-based drug and alcohol treatment with a clear focus on the needs and problems associated with abuse and addiction in special populations.

Each of the human service agencies of state government has conducted special studies and epidemiological research to identify the particular requirements of special populations, such as women and children, mentally ill chemical abusers, criminal offenders, the homeless, veterans and intravenous drug users. Over the course of the first year of treatment expansion, a considerable amount of effort has been made to direct development toward the needs of these populations. It is now time to do more.

It is vital that each agency, as it conducts its program development and expansion activities, clearly reflect a priority commitment to these characteristically unserved or underserved special populations. This priority focus will allow New York State to fill significant gaps in service capacity and thereby create a more comprehensive alcohol and drug treatment system throughout New York. As gaps in service are filled, the baseline of treatment capacity is expanded to address the concept of "treatment on demand", an underlying principle of our overall response. In this way, New York State receives a twofold benefit: it addresses the critical needs of special populations, and at the same time builds a permanent baseline capacity to move toward the goal of treatment on demand.

Notwithstanding the need to focus on critical populations, the central treatment recommendation in last year's report was the call for expansion of all types of drug and alcohol treatment -- emergency; inpatient; outpatient, including methadone maintenance; and residential. As outlined above, significant progress in achieving

our articulated goals has been made during the past year. That progress should continue apace. The continued development of community-based treatment and a handful of residential treatment campuses is vital to the success of our overall demand reduction strategy.

The health care system is a natural portal through which drug and alcohol abusing people pass. It is crucial that this system be equipped to provide early assessment, intervention and referral services to those in need of alcohol or drug treatment.

DAAA's early intervention project, the Hospital Intervention Service Program (HIS), is an exemplary approach. The HIS program conducts formal screening of all patient admissions by general hospital staff. If an alcoholism problem is confirmed, an intervention or referral is carried out. Expansion of this program would make a significant difference in addressing the needs of alcohol and drug abusers who pass through the hospital system's natural portals, and will be pursued this year. The Institute of Medicine has cited HIS as a program worthy of nationwide replication.

In addition, wherever possible, the health care providers performing community outreach should assume more responsibility for assessment, diagnosis and treatment of alcohol and drug disorders. In addition, the New York State Department of Health should continue its efforts to develop the concept and begin to fund working models of a Community Drug Assessment and Treatment System. Provision of a service delivery capacity that is responsive to both primary health and alcohol/drug concerns is both logical from a patient care perspective, and imperative in terms of maximizing early intervention and a treatment response to alcohol and drug abusers.

Prevention Priorities

General trends indicate that there has been a significant decline in the number of people using drugs²⁶ and a reduction in the overall volume of

alcohol consumption.²⁷ This must be attributed in part to the broad-based and pervasive public information and educational efforts that have been carried out throughout all aspects of our social structure over the last few years. While this is good news, we cannot afford to become complacent. Complacency may yield a plateauing of levels of alcohol and drug abuse that are still alarmingly high. Moreover, those who continue to abuse these substances are doing so with devastating consequences.

Clearly, we must persist in our drive to reduce the general use and abuse of alcohol and drugs through prevention and education efforts targeted at all segments of society. Research indicates that it is especially critical to intensify our focus on the highest risk populations through messages and outreach efforts especially geared to these individuals. And, the message must also recognize that, especially for children, the inherently damaging use of alcohol and cigarettes also entails a greater risk of subsequent illicit drug abuse.

During the past year ADAC's member agencies have been conducting research to determine the core elements that comprise successful programs and to gauge the relative effectiveness of broad-based and targeted prevention approaches.

The Council believes that such efforts should be accelerated and that prevention programming would be further improved if the State required all school and community-based service providers to demonstrate their interaction with the entire community they serve; and required that various funding streams provided to schools share a consistent set of goals, outcomes and strategies.

In striving to get a well-targeted message and the widest possible media coverage, the Council will utilize ongoing cooperative efforts among the public information officers of the various ADAC agencies by establishing a working group to develop a strategy for sustaining media interest in alcohol and drug abuse issues. The agenda will include working with the New York State Broadcasters Association on a Statewide Media

Anti-Drug Day; assisting community organizations in forming regional media advisory panels; disseminating among media outlets exemplary efforts found in other areas of the State; preparing awards for the Governor and Lieutenant Governor to recognize special efforts by local advocacy groups as well as positive programming and stories in both electronic and print media; expanding the use of cable television; and building greater coverage for committed celebrities and the positive actions of young people evidenced in State initiatives such as the Youth Drug Prevention Campaign Video Contest and the New York State Public High School Athletic Association tournaments.

As media coverage of this critical issue wanes somewhat, the Council and its constituent agencies must pursue a more proactive approach and cultivate relationships with the media that serve to encourage the widespread dissemination of our prevention message.

One of the primary messages must be that drug and alcohol use have absolutely no place in the workplace. For the sake of our economic competitiveness, the wellness of our workers and the productivity of our workforce and business enterprises, it is critical that all employees become drug-free and refrain from alcohol use that impairs their performance.

These principles, as they pertain to illegal drugs, are embodied in the new federal Drug-Free Workplace statute. Adherence to this statute should be driven by more than simple compliance. Our values as a society should demand a spirit of compliance in all of our workplaces. New York State should work through its state agencies and through such vehicles as Employee Assistance Programs (EAP) to increase the potential for all employers to adopt this spirit, through a commitment to attaining a drug and alcohol-free workplace.

Moreover, the State should enact a comparable Drug and Alcohol-Free Workplace Act, establishing specific requirements for the recipients of State

grants and contracts, and for their employees and subcontractors. The recognition and inclusion of alcohol-related provisions in a State act is a necessary and important distinction from the federal act.

Finally, we should immediately begin drug testing all applicants for New York State job titles that have been approved for pre-employment screening. We should also rapidly accelerate the identification of additional job titles that will be subject to testing in the security, law enforcement, institutional care, transportation and other fields that directly impact on workplace or public safety.

Integration of our Efforts: Collaboration and Cooperation in New York State

Expansion without the benefit of cooperative effort is a wasteful and unproductive venture. We must build upon and expand efforts to create systems of integrated services that come to bear efficiently and effectively in New York's communities. This cooperation crosses State agencies and the systems they represent and also integrates with our local governments and community agencies.

Considerable experience is being gained in New York by community leaders and by State and local governments as they work together to overcome the social disintegration caused by drug and alcohol abuse. Such initiatives as New York/New York, which is a joint undertaking by Governor Cuomo and New York City's Mayor David Dinkins, integrates State/City activities that address the needs of specific target populations such as the homeless who congregate in Grand Central Station or drug and alcohol abusing pregnant women in low income neighborhoods.

The ADAC demonstration communities are further examples of the range of energy that can be created across a community through a collaborative intergovernmental and community-wide effort. The provision of needed State

resources should be accelerated allowing the communities to continue their drug-fighting efforts.

The replication of successful models of community, provider and governmental programs must become an urgent priority and used in the development of improved and focused prevention, treatment and law enforcement capacities throughout New York State.

The Public Trust: Our Commitment to Accountability

We must also address the need for accountability to the public as we carry out our response to this critical problem. Accounting for our stewardship is not simply a matter of numbers -- of dollars spent, or of prison cells and treatment spaces built -- it is also a matter of results.

In order to achieve those results, we need to know what works and how to use that knowledge. That should be the essence of our research and evaluation efforts. Much is being done but it needs to be quickly organized, assessed for its impact, and transferred into universal practice as fast as possible.

ADAC will convene a meeting including State agency personnel and representatives from the research community, with the goal of establishing a drug and alcohol research committee. The committee will be charged with responsibility for developing an organizational framework to expedite the process of assimilating knowledge drawn from research and program evaluation. The committee will also examine the vehicle of technology transfer and make recommendations on how best to translate the knowledge of what works into real and beneficial action.

The dissemination of technology to the workforce is also extremely important. The people who deliver treatment and care must be well equipped to address the needs of clients in the most efficient manner possible. In this respect, there

needs to be an articulation of a career system for people in the field of alcohol and drug treatment and prevention. Such a career system must not only address a hierarchy of professional and managerial responsibility to which people can aspire, but it must also recognize the growing specialized nature of treatment and prevention services and create special status for those who carry out unique and technically oriented professional work. Such a career system must be carefully matched with the emergence of credentialing as a fundamental measure of quality and competency in the alcohol and drug treatment and prevention workforce.

Efficient use of scarce public resources must also be demonstrated -- this is a theme of these times, to which we will be responsive. The refinement and focusing of our expansion agenda addresses this concern for efficiency and effectiveness. The priorities for resource allocation that flow from these ADAC strategy recommendations are critical elements in assuring our stewardship for scarce resources.

Consolidation of DAAA and DSAS

In the 1989 Strategy Report, the Council affirmed the overall long-term benefits of consolidating these agencies, but recommended deferral of such an action to avoid diverting attention from their primary mission to significantly expand and strengthen the State's treatment and prevention networks. Both agencies have been actively pursuing service development and enhancement over the course of the last year. In many cases, they have been doing so on a collaborative basis. This expansion activity will continue to proceed toward our enumerated goals throughout 1991 and beyond.

It has, however, become increasingly apparent that the complexity of the alcohol and drug abuse problem requires increasingly sophisticated and creative responses. And, combined alcohol and drug abuse is now the norm for those under 35 years of age. In recognition of these facts, and the

ongoing need to proceed with planned expansions, the Council recommends implementation of a plan to gradually restructure and consolidate the alcoholism and drug abuse service systems.

The agencies could begin by initiating a demonstration project to integrate the service delivery systems in representative areas throughout the State. By working with local governments and service providers, the agencies can assess resources and examine obstacles that might impede progress toward system integration. We should also begin to consolidate certain agency functions that could be more effectively delivered if conducted jointly. At a minimum, licensing and certification, workforce development and consolidated fiscal reporting should be the initial areas to be addressed.

The Council is confident that a staged consolidation of these critically important functions will provide a more responsive and coordinated service delivery system without disrupting the major expansion efforts currently underway.

CONCLUSION

New York has been waging a major war against drug and alcohol abuse throughout the 1980s. Even prior to the organization of the Anti-Drug Abuse Council in 1989 and the release of the initial Anti-Drug Abuse Strategy Report, New York had the largest organized drug and alcohol treatment system in the nation; supported hundreds of school and community-based prevention programs; assigned more than 300 State Police investigators exclusively to drug law enforcement; and in fiscal year 1989-90, allocated over \$1.1 billion for anti-drug and alcohol programs.

Yet, last year's report constituted a watershed because, in part, it was derived from emphatic comments by New York's law enforcement community that the drug epidemic would not abate until strong law enforcement was coupled with

stronger efforts to reduce the demand for drugs by treating addicted individuals and by educating the public about the dangers of drug and alcohol abuse.

The report is probably best known for its recommendations to substantially increase drug and alcohol residential treatment capacity by 15,000 beds over the next five years, with comparable gains in outpatient capacity. It is also marked by a call for a comprehensive, community-wide prevention effort with targeted messages for specific sub-groups, including those most at risk. Finally, it called for a firm and continuing law enforcement presence to prevent the destabilization of neighborhoods, the breakdown of law and order, and a loss of confidence in government.

As noted above, we have seen progress on many fronts during 1990 - not only in the quantity and quality of New York's efforts, but in what appears to be a downward trend in drug use among some segments of the population. At the same time, we note that the incidence of abuse among certain severely impacted populations such as pregnant women, intravenous drug users, the homeless and criminal offenders, continues at alarming and unacceptable rates with devastating consequences. We also note that there is no real improvement in the rate of violent, drug-related crime.

The Council likens these developments to a guerilla war in which we seem to be winning some battles without truly penetrating the core of the opposition. But the drug war is not a war we can afford to lose. We cannot afford to have our communities turned into war zones; we cannot afford to lose more intravenous drug users to AIDS; we cannot afford more children abandoned or abused by their drug and alcohol abusing parents, or more babies born suffering the effects of these substances; we cannot afford to send every non-violent drug and alcohol abuser to prison; and we cannot afford to shrink from our commitment to expand and improve our efforts because we will pay for such a retreat in untold human suffering and with staggering economic implications.

We are making progress, but we shall not become complacent. The evidence is unassailable that the crisis persists. And we are aware that the history of past cycles of addiction demonstrates that early signs of progress can be illusory and short-lived.

Thus, the Council strongly recommends that New York strengthen its commitment to the anti-drug strategy articulated last year. Ongoing support for State and local law enforcement efforts will always be a vital component of the strategy. Equally important to our agenda is the rapid expansion of treatment capacity and the enhancement of community-wide prevention efforts.

Based on our collective experience, however, ADAC's agenda is evolving. First, we believe that focusing our law enforcement, treatment and prevention efforts on heavily impacted neighborhoods and populations is vital.

Second, our anti-drug efforts are strengthened when we integrate governmental capacities and energize and involve the citizenry. The synergy that arises from interagency and intergovernmental activities is beginning to yield a greater impact with higher efficiency. The regional drug enforcement task forces, New York/New York's Project "Connect", and the "Target Cities" project are three cases in point. Given the magnitude of the task and the reality of New York's fiscal situation, this blending of governmental strengths and expertise is critical.

Yet, government can do only so much. The battle against drug and alcohol abuse is fought most effectively at the community level when citizens work directly with each other and with law enforcement and service providers, as evidenced in the Council's four community demonstration projects.

Third, the State must become increasingly efficient in its efforts and must demonstrate real results. Thus, the Council believes that an enhanced and better coordinated research agenda can be vitally important in translating the

knowledge of what works into real and beneficial action. We also believe that when we spend money on prevention activities, the various funding streams should collectively share the same prevention agenda and a consistent set of goals, outcomes and strategies.

Finally, the Council believes that the complexity of the problem deserves a more coordinated service delivery system. Thus, we recommend a staged consolidation of the functions of DAAA and DSAS and the establishment of an integrated service system at the local level.

The Council's observations and recommendations are uncomplicated. New York has articulated a sound and comprehensive anti-drug strategy. The past year has been marked by substantial progress in implementing this agenda. Although national and New York trends show a downturn in casual drug use, we must not become complacent because drug and alcohol abuse continues to devastate individuals and communities and costs us billions of dollars.

Thus, we must strengthen our commitment and focus on severely impacted populations; we must integrate our governmental capacities and do more to involve our citizens in this effort; and we must become more efficient, coordinating and pooling our efforts when appropriate.

The Report

The remainder of this report begins with a discussion and analysis of the most current data describing the breadth of the drug and alcohol crisis facing our State and nation. The three chapters that follow - Criminal Justice, Treatment and Prevention - describe a truly comprehensive and impressive array of New York State and local initiatives, many of which were newly implemented this year. Finally, our priorities for 1991 and beyond are presented within the context of each chapter. The Anti-Drug Abuse Council sincerely believes that the proposed agenda will allow New York State to build upon the firm foundation of past efforts.

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NEW YORK STATE AND NATIONAL DRUG AND ALCOHOL-RELATED TRENDS

INTRODUCTION

Last year's strategy report described the enormous scope and impact of the drug and alcohol crisis facing our State. To illustrate the breadth of the problem, estimates were presented indicating that 850,000 regular drug users, 1.3 million adult alcoholics, and 400,000 juvenile alcohol abusers, most of whom also abuse illegal drugs, reside in New York.

Among the important trends discussed in the document were the rapid growth in cocaine use in the latter part of the last decade, the appearance of crack and its meteoric rise in popularity, and the prevailing pattern of polydrug abuse among our youth and young adults, including the combinational use of illegal substances as well as alcohol.

Most importantly, the devastating social, economic, health and crime-related impacts of drug and alcohol abuse were summarized, offering compelling evidence regarding the gravity of the situation. The rise in drug and alcohol-related violence; the growing role of drugs and alcohol in the spread of AIDS and their contribution to a host of other serious health problems; the increasingly tragic effects of these substances on pregnant women and their unborn fetuses, and on the children of drug and alcohol abusers; and the enormous financial cost of addressing these problems were described in some detail.

Over the course of the past year, there has been a great deal of study and discussion at the federal, State and local levels concerning the latest developments of the drug problem and to a lesser extent, the alcohol problem. Much of what has been brought to the attention of the general public, through the various media, suggests that a corner has been turned on drug use, and that we are

beginning to see a decline in the severity of the epidemic.

National survey data showing reductions in the overall number of illicit drug users across all age groups have been cited as evidence of real progress. Reductions in the per capita consumption of alcohol have also been reported. While some groups with high levels of illicit drug and alcohol use, such as school dropouts, the homeless, and incarcerated offenders are missed by most surveys, the national trends remain promising and indicate that inroads can be made. Therefore, it is important to investigate more thoroughly the reasons for these declines and replicate strategies that work.

Available New York data generally mirror these trends. A recent school-based survey suggests there has been a marked reduction in the number of students who abuse drugs. There is evidence showing a possible weakening in the spiraling growth of cocaine abuse in New York City for the first time since crack emerged in the mid-1980s. And State tax data and sales data from the alcoholic beverage industry indicate that the overall volume of alcohol consumption has gradually declined.

If evidence of these trends mounts, it would indeed be encouraging. A great deal of energy has been poured into education and prevention efforts, and continuation of the trends would offer further proof that there has been some impact. Indeed, the data suggest that society's long-term investment in drug and alcohol abuse prevention is paying dividends that will likely continue for subsequent generations.

Nonetheless, the good news is only a small part of the story. From an overall perspective and even with the gains that have been made, the pervasiveness of the problem is such that we continue to have a significantly larger hard-core

drug and alcohol abusing population than we did only several years ago, with devastating consequences.

The number of drug-related AIDS cases; infants born to addicted mothers, particularly cocaine users; and abused and neglected children placed in foster care due to parental drug and alcohol abuse continues to grow. Despite declines in cocaine-related deaths and emergency room episodes reported in New York City, where the data are most complete, the volume of these events still surpasses pre-crack epidemic levels. The incidence of alcohol use and abuse among our youth has remained high and essentially unchanged, in stark contrast to overall adolescent drug abuse trends. Yet, too many of our students continue to use illicit drugs on a regular basis. And drug and alcohol treatment demands are undiminished, far exceeding our ability to provide essential care to all who need it.

Moreover, homicide records are being set annually, the overall level of violent crime is alarmingly high and citizens remain paralyzed by fear and dismayed by their eroding quality of life. And the costs associated with the drug and alcohol crisis are astronomical in both human and economic terms, causing tremendous suffering and draining billions of dollars from our economy annually.

In short, the problem is as grave as ever. We should not take comfort in a handful of agreeable statistics. Furthermore, a review of drug epidemics in this century indicates that they are cyclical in nature, with declines in use nearly always followed by subsequent rises. Thus, New York State must sustain its investment in and its commitment to the anti-drug abuse strategy to promote significant and lasting gains across all segments of our population.

A more complete discussion and analysis of the most important trends and their policy implications is presented below.

NATIONAL TRENDS

A White Paper on Leading Drug Indicators prepared by the Office of National Drug Control Policy (ONDCP) contends that although "the drug crisis is far from over ... there are clear signs of progress." ¹ This report cites data from several sources as evidence of a meaningful decline in drug abuse, most notably the National Household Survey on drug abuse and the National High School Senior Survey. It also references additional sources, including: the Drug Abuse Warning Network (DAWN); the Drug Use Forecasting (DUF) program; price and purity indicators; crime statistics; the International Narcotics Control Strategy Report; and the National Narcotics Intelligence Consumers Committee. Based primarily on the current drug use patterns of individuals who responded to the household and high school surveys, the ONDCP report concludes that drug abuse is declining among the general population.

In actuality, there is a bipolar nature to the drug and alcohol abuse problem that is not reflected by the ONDCP report. While casual alcohol and drug use may be declining, serious abuse by high risk populations appears to be on the rise. The household survey is limited to persons who live in stable residences; and even among this group, 20 percent declined to be interviewed. It is reasonable to assume that those most frequently abusing alcohol and other drugs would be among those unwilling to respond to questions about these practices. Further, a household sample excludes those who are most vulnerable to alcohol and other drug abuse: the homeless; school dropouts, runaway youth; and the criminal justice population, to name a few.

Other national indicators interpreted as signs of progress include DAWN, which reports that emergency room episodes have begun to decline. However, this follows three years of precipitous increase, leaving rates still alarmingly high. Drug use rates among arrestees have dropped, but violent crime continues unabated. More high school seniors perceive drugs as harmful, but one out of

two students has used an illegal drug; one in 10 has used cocaine. Further, 9 out of 10 high school seniors have used alcohol and 6 out of 10 are currently regular users.

Trends Among Youth

General surveys of the nation's young people indicate a decline in usage among the in-school population. The University of Michigan Survey of American High School Seniors concluded that there is a continuing downward trend away from the use of marijuana, cocaine, and other drugs including alcohol by high school seniors. These findings are encouraging, particularly since the authors conclude that the broad trends for marijuana and cocaine are "due almost entirely to a change in demand, not supply."²

The major weakness of the Michigan Survey and other similar studies is that analysis of usage patterns is limited to in-school youth. Abuse of both drugs and alcohol by the school dropout population is not examined by these surveys. Alcohol and other drug use among this population is believed to be significant.

Increasing Use Among High Risk Populations

While studies indicate that progress has been made in curbing the use of alcohol and other drugs among the general population, the findings among high risk populations continue to be alarming.

In a report by the Senate Judiciary Committee, it is postulated that levels of drug use are worse than previously estimated among populations where it is most prevalent: the homeless; criminal justice clients; the mentally ill; school dropouts; and others who fall outside the samples reached by the household and high school studies.³ The Senate report concentrates its analysis on these groups. Pulling together a wide variety of estimates and projections of drug use, the Senate Report concludes that those who are currently using drugs

are doing so with greater frequency, and are suffering greater physical, mental, emotional, and financial consequences as a result.

A report prepared for the Subcommittee on Human Resources of the Committee on Ways and Means, U.S. House of Representatives, also supports the increased need for programs for high risk, hard hit populations, particularly pregnant women and youth.⁴ Although the Ways and Means report recognizes that "overall use of drugs has decreased," it emphasizes that "drug addiction is more widespread and its consequences more serious." It adds that "Blacks, Hispanics and women are all showing increased rates of cocaine use." This report concerns itself with the negative outcomes of drug abuse, specifically crack, on families. It notes that "despite limited national data, reports from hospitals and child welfare agencies across the country indicate that prenatal drug exposure is a growing problem."

In developing an anti-drug abuse strategy, it is important for New York State to be aware of the patterns of use and abuse, both in the general population and in high risk groups.

NEW YORK STATE TRENDS

In spite of promising national trends of decreasing alcohol and drug use among some population groups, it is all too obvious that many of those who are continuing to use alcohol and other drugs are more seriously disabled than ever before. Certainly the patients presenting for treatment are sicker than ever before and require a wider array of services. Part of this is due to cumulative intergenerational effects. We are no longer dealing only with addiction, per se. The real impact of drug and alcohol abuse now clearly extends to broad individual and family dysfunctionality and debilitation, which must be treated along with addiction and accompanying physical illnesses.

In light of this, the review of New York State trends includes the impact of alcohol and other drug abuse on the respective systems in place for treatment, and on public health, social service, mental health, and the criminal justice systems.

New York State School Survey

The New York State Psychiatric Institute surveyed over 7,600 students in grades 7 through 12 in New York during the spring of 1988.⁵ The study compared its 1988 findings with the 1983 DSAS/DAAA school survey.⁶ Comparing lifetime prevalence, in every category except alcohol use, which increased slightly (from 83 percent to 84 percent), lifetime use was down dramatically: marijuana use decreased from 46 percent to 28 percent; use of stimulants from 25 percent to 11 percent; use of inhalants from 22 percent to 6 percent; and cocaine use from 14 percent to six percent. However, in the 1985 study, by the time they had reached twelfth grade, over half (53.8 percent) of the students reported the use of some illicit drug. Almost three in ten (29.7 percent) reported the use of an illicit drug other than marijuana, and more than nine out of ten (94.7 percent) reported some alcohol use.

Despite these encouraging data, it is important to note that drug and alcohol use and abuse among the student population remains a serious problem. For example, in the month preceding the survey more than three-fifths of the high school seniors had used alcohol and one-quarter had used an illicit drug.

Among the heaviest drug users (those who reported using drugs everyday) the difference between alcohol and other drugs was less pronounced. In this category, illicit drug use equalled or surpassed the use of alcohol. Among seniors, one percent reported drinking beer daily, compared with one-tenth of one percent who reported drinking wine or hard liquor, and 2.5 percent who reported using marijuana daily.

Most distressing to the public health perspective, almost one out of five seniors (19.6 percent) reported smoking cigarettes on a daily basis. In addition, the rate of daily cigarette use was significantly higher for girls than for boys (13.9 percent versus 8.8 percent across all grade levels).

One of the most important findings of the Psychiatric Institute study was that adolescent drug use follows a clear sequential pattern. Among the young people studied, drug use was consistently initiated with one of the "licit" drugs. The use of illicit drugs like marijuana was almost invariably preceded by the use of alcohol or cigarettes. Marijuana, in turn, invariably preceded cocaine and cocaine powder typically preceded crack.

While these findings have significance for prevention programs, the report cautions that it would be wrong to infer a causal progression from "licit" to "illicit" drugs.

It is crucial to note that use of a particular drug lower in the sequence will not necessarily and invariably lead to the use of other drugs higher up in the sequence. Many adolescents stop at a particular stage and do not progress further. But the data indicate that patterns of use are likely to follow certain paths, and that the use of certain prior drugs is a necessary, although not sufficient experience for further experimentation with other drugs.⁷

Drug Treatment Admissions

The majority of clients currently admitted to treatment abuse primarily heroin, cocaine, and/or marijuana, or some combination of these substances. Other drugs are also abused exclusively or in combination with these three, such as other opiates, barbiturates, amphetamines, halucinogens, inhalants, PCP, and over-the-counter medications, but to a lesser degree. During the 1970s and early 1980s, heroin was the primary drug of persons admitted to treatment. Over the past five years, this pattern has shifted. While admissions for heroin and marijuana use have

remained fairly constant, admissions for cocaine use have increased dramatically.

From 1985 to 1989, total admissions increased from over 37,000 to nearly 52,000 with nearly all of this increase attributable to admissions with cocaine as the primary drug of abuse. In 1985, 44 percent of all admissions to treatment were for heroin abuse, 19 percent for cocaine, 19 percent for marijuana, and 18 percent for all other drugs. By 1989, although the number of persons admitted for heroin abuse was about the same as in 1985 -- 16,536 versus 16,422 -- this number now represented 32 percent of admissions, with cocaine up to 39 percent, marijuana at 12 percent and 17 percent for all other drugs.

Indeed, cocaine admissions nearly tripled in the period from 1985 to 1989, increasing from 7,253 to 20,379. There was also a rise in the use of cocaine as a secondary drug during these years, nearly doubling from 6,735 to 12,199. Treatment admissions with cocaine as the primary drug of abuse continued to rise in the first half of 1990, but at a slower rate of increase than during the previous four years. For the third quarter of 1990, however, cocaine admissions decreased to about 4,400 compared to 5,100 for the third quarter of 1989. Among these admissions, the smoking of cocaine -- or use of crack -- is by far the most prominent route of administration.

Looking more closely at the characteristics of cocaine users admitted to treatment in 1989, males represented about 65 percent of this population and females 35 percent; the age cohort between 26 and 35 years was the modal group, accounting for 47 percent of admissions; and blacks represented the majority of cocaine admissions with 51 percent, followed by whites (35 percent) and Hispanics (13 percent). The secondary drugs of abuse for most cocaine admissions continued to be marijuana (35 percent) and alcohol (32 percent). About 49 percent of admissions were new to treatment.

Treatment admissions to State-funded programs with heroin as the primary drug of abuse decreased in 1986 -- then rose steadily from 1987 to 1989 so

that they are now at the same level as in 1985. The slowing of admissions during this time period was probably due to the availability of methadone treatment slots which are usually filled with waiting lists. However, heroin admissions increased by 875 for the first three quarters of 1990, to 12,149. This represented an 8 percent increase compared to 11,274 heroin admissions for the same period in 1989. This rise in admissions may be due to the increase in the number of treatment slots during the past year.

Demographically, 69 percent of the 1989 admittees were male, and 31 percent were female; approximately half were between 26 and 35. Hispanics continued as the modal group, with 37 percent of all admissions, compared to whites (33 percent), blacks (29 percent) and other (1 percent).

The most common secondary drug of abuse among those admitted to treatment for heroin as the primary drug is cocaine -- 55 percent of these admissions in 1989. Also, intravenous (IV) use of heroin is the most common route of administration (70 percent), although intranasal use has been reported by a growing proportion -- up to 27 percent in 1989.

Survey of Alcohol Treatment Programs

Overall consumption of alcoholic beverages continues to gradually decline within the general population. This trend is reflected in tax data from the State and sales-related data from the alcohol beverage industry.

National survey research data also show a downward trend in overall consumption. For example, the national high school survey has consistently shown a decline in the use of alcohol at least once in the past month by high school seniors, from a high of 69.7 percent in 1982 to a low of 60 percent in 1989. Alcohol, however, continues to be the most widely used substance within the general population.

Recent studies by the State's Research Institute on Alcoholism point out a number of disturbing trends.¹

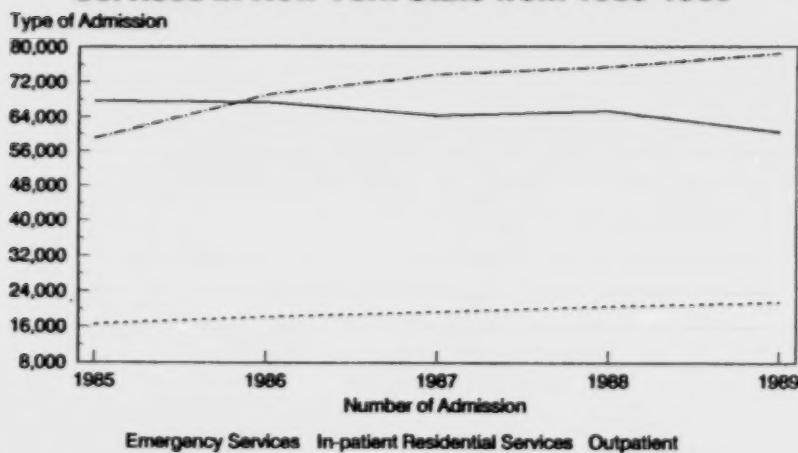
- Fifteen percent of the State's adult population are classified as heavier drinkers. Seven percent drink more than an average of 4 drinks per day - they drink over half of the approximately 450 million gallons of alcoholic beverages which are consumed in the State annually.
- Overall, the total number of people drinking decreases with age; however, heavier drinking remains fairly constant in the 35-49, 50-64, and 65+ age groups. The rate of heavier drinking by the elderly has not been shown in other State and national studies which have always shown lower rates of heavier drinking among older adults.
- Twelve percent of the population, approximately 1.5 million New Yorkers, have had one or more signs of alcohol dependency in the past year.

- Forty percent of undergraduate college students report one or more signs of alcohol dependence annually. Heavier drinking has become a particular problem among female college students. These young women have begun to display drinking patterns that closely parallel their male counterparts.
- Thirteen percent of the adult population reports that they had driven while feeling the effects of alcohol during the past year, while 182,000 New Yorkers admit that they drive under the influence of alcohol at least once a week.
- A significant number of New Yorkers report that they use alcohol during the work day. Seventeen percent of the work force report alcohol use during the work day; only 23 percent of the work force report access to Employee Assistance Programs where they work.

Admissions data pertaining to local and State-operated alcoholism services in New York State show that admissions to outpatient services steadily increased from 1985 through 1989. Similarly, inpatient residential services increased, but to a lesser degree (Figure 1).

Figure 1

Admission to Local and State Operated Alcoholism Services in New York State from 1985-1989



Footnote: Emergency services include DAAA certified acute care and crisis center programs. Hospital-based scatter beds do not report.

Source: Local and State Operated Alcoholism Services

In the spring of 1990, the DAAA surveyed certified alcoholism treatment programs to collect information on the percentage of persons in treatment who were abusing other substances in addition to alcohol. About 84 percent of the programs statewide responded. The survey showed that 50 percent of all individuals in the alcoholism treatment system are being treated for addiction to alcohol only while the other half are also abusing other drugs. Of these clients abusing other drugs, approximately 58 percent were using cocaine, and of cocaine users, 43 percent were using crack.⁹

The percentage of clients with an alcohol-only diagnosis were quite similar for New York City and the rest of the State. The greatest differences between New York City and the rest of the State were among dually addicted alcoholism clients whose secondary drug of abuse was cocaine. Of clients being reported as abusing other drugs in addition to alcohol, 77 percent of those in New York City abused cocaine compared to 53 percent in the rest of the State. An even greater contrast can be seen when crack use is examined. Sixty-eight percent (68 percent) of cocaine users in New York City were crack users compared to 32 percent of cocaine users in the rest of the state. Crack, therefore, is being used by about one in eight clients in the statewide alcoholism treatment system, with one in three of all alcoholism clients in New York City using cocaine.

These findings clearly illustrate the need to integrate alcohol and drug treatment services.

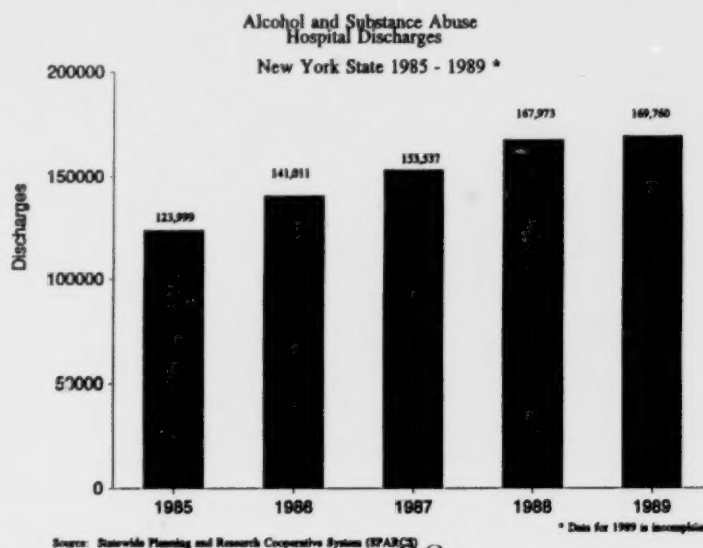
Impact on Public Health and the Health Care System

The devastating effects of alcohol and other drug abuse on the health of New Yorkers and the health care system are best illustrated by examining alcohol and drug-related morbidity and mortality. Studying patterns of disease over longer intervals provides the ability to detect changes in morbidity and mortality and to make policy and program adjustments to the State's anti-drug abuse strategy. The following discussion summarizes the health impacts of alcohol and drug abuse.

Hospitalization Rates

The Statewide Planning and Research Cooperative System (SPARCS) receives data from all general hospitals in New York State. In 1989, 169,760 alcohol and other drug-related discharges were reported to SPARCS. This is a 1 percent increase over the same period in 1988. These discharges accounted for about 1.9 million hospital days. The average length of stay for alcohol and other drug discharges was approximately 11 days compared with nine days for all discharges. The five year trend for 1985-1989 for alcohol and drug-related discharges rose steadily, although the rate of increase slowed in 1989. (Figure 2)

Figure 2



Mortality

Vital statistics files of the New York State Health Department indicate that drug-related deaths more than doubled between 1980 and 1988, increasing from 545 deaths in 1980 to 1200 in 1988. Vital statistics include only those alcohol and drug-related deaths which were sufficiently apparent to the clinician to be coded on the death certificate. It is also suspected that these figures underreport the actual number of deaths from homicides, suicides and accidental deaths related to drugs.

Alcohol-related mortality (excluding alcohol-related vehicular crashes) has shown a downward trend until recently. In 1980, there were 2,689 alcohol-related deaths, compared to 1,779 deaths in 1987. However, between 1987 and 1988, alcohol-related mortality increased 6 percent, from 1,779 to 1,878. Deaths due to alcohol dependence syndrome and alcohol liver damage accounted for almost all of the observed increases.

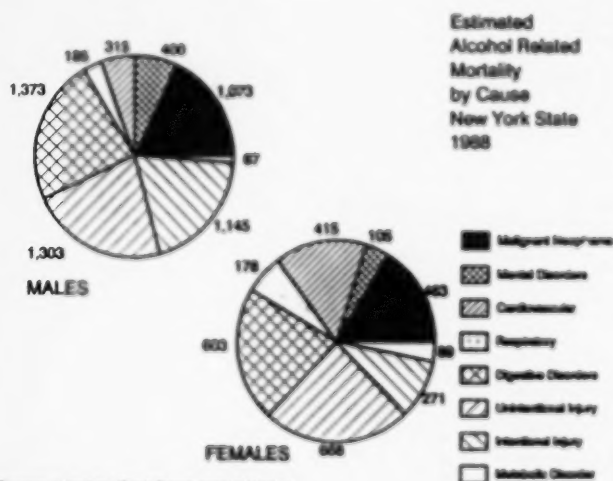
With the exception of motor vehicle crash reports, the role of alcohol in deaths is not recorded in any consistent or retrievable fashion. It is likely that the number of alcohol-related deaths is, therefore, much higher than the official numbers reported as suggested below. Despite these missing data, it is important to note that alcohol-related deaths in the lowest year (1,779 in 1987) were 48 percent higher than drug-related deaths in the highest year (1,200 in 1988).

Estimating Alcohol-Related Mortality

Mortality related to alcohol includes a variety of causes of death such as injuries, including homicide and suicide. The toxic nature of alcohol is also related to numerous chronic diseases including several forms of cancer, cardiovascular disease, and digestive and metabolic disorders. Although alcohol is known to exacerbate these diseases and other disorders, alcohol may not likely be cited in these deaths.

The Centers for Disease Control recently developed a method for estimating alcohol's contribution to mortality called the Alcohol Attributable Fraction (AAF). The AAFs utilize statistical techniques to estimate the total potential of alcohol-relatedness of a given disorder. Applying the AAFs to various categories (i.e., intentional, unintentional injuries) and other causes (i.e., malignant neoplasms, cardiovascular disease) of mortality to New York State resident deaths in 1988, results in an estimated 8,663 (24 percent) alcohol-related deaths. This would represent nearly five percent of all deaths in New York State. This figure includes the 1,878 deaths recorded by Vital Statistics. In effect, this estimation technique suggests that an additional 6,785 alcohol-related deaths occurred in New York State in 1988. Most (23%) alcohol-related deaths fall within the mental disorders category (i.e., alcoholic psychosis, alcohol dependence and alcohol abuse) and alcohol-related cardiovascular deaths (23%) (Figure 3).

Figure 3



Source: New York State Department of Health

Although not shown, the largest specific categories of alcohol-related mortality were motor vehicle accidents (1,008/12 percent of alcohol-related deaths), homicide (989/11 percent), and alcoholic cirrhosis (949 deaths/11 percent).

Communicable Diseases and Drug Use

The increased incidence of communicable diseases such as tuberculosis and syphilis is believed to be related to increases in drug abuse. Tuberculosis has increased from 2,481 reported cases in 1985 to 3,202 cases in 1989 or by 29 percent. The Department of Health estimates the number of cases to rise to 4,400 by the end of 1990 -- a 37 percent increase compared to 1989. Almost 20 percent of all tuberculosis in the United States will occur in New York State in 1990. Although the rates of tuberculosis infection are high for all drug users, infection with HIV is an important risk factor for active tuberculosis. HIV, when it occurs in tandem with the tuberculosis infection, is the strongest factor in the development of active tuberculosis. Alcoholism has also been closely associated with tuberculosis as well as with homelessness, malnutrition and crowded living conditions.

The transmission of hepatitis B occurs through exposure to infective body fluids, needle sharing, perinatal exposure or sexual exposure. High risk groups include intravenous drug abusers, heterosexuals with multiple partners and homosexual men. In the seven year period from 1983 to 1989, over 5,500 cases of hepatitis B were reported in upstate New York. New York City data is incomplete but is approximately 7,000 for this period averaging 1,000 cases per year. In 1989, there were about 1,700 reported cases reported statewide.

Physicians and health facilities are required to report hepatitis B cases to county and State health authorities. In upstate New York, county health departments and public health nursing services conduct follow-up interviews with reported hepatitis B cases. Of all upstate New York cases

for 1983 to 1989, about 68 percent (N=3,752) were available for interview. Over 16 percent or 614 people interviewed gave a history of IVU while 71 percent or 2,680 persons denied IVU. The remaining 13 percent, 458 people, had unknown drug histories. The actual number of IVUs is probably higher since about one-third of all cases were unavailable for interview. Moreover, not all cases are reported because some drug abusers may not seek medical care during their illness which varies in duration and severity.

The number of syphilis cases rose 88 percent (from 4,607 to 8,659) between 1986 and 1987. In 1988, the number of cases climbed another 24 percent to 10,749. By 1989, total cases increased by 13 percent to 12,170 and this rise has continued unabated into 1990.

Several explanations have been offered as to why a disease that was previously present in low numbers in a well-defined population (male homosexual) should suddenly appear in increasing numbers in the heterosexual population, especially among women. Risk factors that appear to be related to the epidemic include the effects of coincident HIV infection and drug use especially crack/cocaine. Drug use is intimately tied to factors (e.g., sex with multiple partners, anonymous sex) related to the transmission of syphilis. This may account to some extent for the increase in female syphilis.

This hypothesis was supported by a study done in Suffolk County, New York. In 1988, when the syphilis epidemic was rapidly expanding, the County documented that of the 281 cases reported and investigated, 226 (80 percent) were either crack abusers, prostitutes who used crack or street-level dealers. Another 27 (10 percent) cases represented persons who had sexual contact with crack-using prostitutes or drug dealers. In total, 90 percent of the syphilis cases reported to Suffolk County in 1988 were either directly or indirectly related to crack cocaine abuse.

The current epidemic of syphilis fostered by drug use may well portend the future course of the AIDS epidemic. Anonymous sexual activity stemming from drug use is believed to be associated with the heterosexual transmission of syphilis. Syphilitic lesions provide pathways for HIV which may result in the introduction of HIV into the syphilitic population. Current data indicate that patients infected with HIV are four times more likely to have a positive test for syphilis.

AIDS in New York State

New York State consistently has reported a higher proportion of AIDS cases among intravenous drug users (IVDUs) than the national average. As of September 30, 1990, in New York, 43 percent of total reported cases are IVDUs. Using the case incidence extrapolation method, the cumulative incidence of AIDS among IVDUs is estimated to reach 40,921 by 1994.

New York State data reflect an overall leveling off of AIDS incidence. The New York State Department of Health is presently investigating

reasons for this trend. One difficulty in interpreting this trend is that the incubation period from the time of infection with the human immunodeficiency virus (HIV) to the development of AIDS can take up to 10 years or more. One explanation for the slowing of the increase is that zidovudine (AZT, the only drug approved for AIDS treatment) and other treatments for HIV-related diseases may be delaying the onset of symptoms required to meet the AIDS case definition.

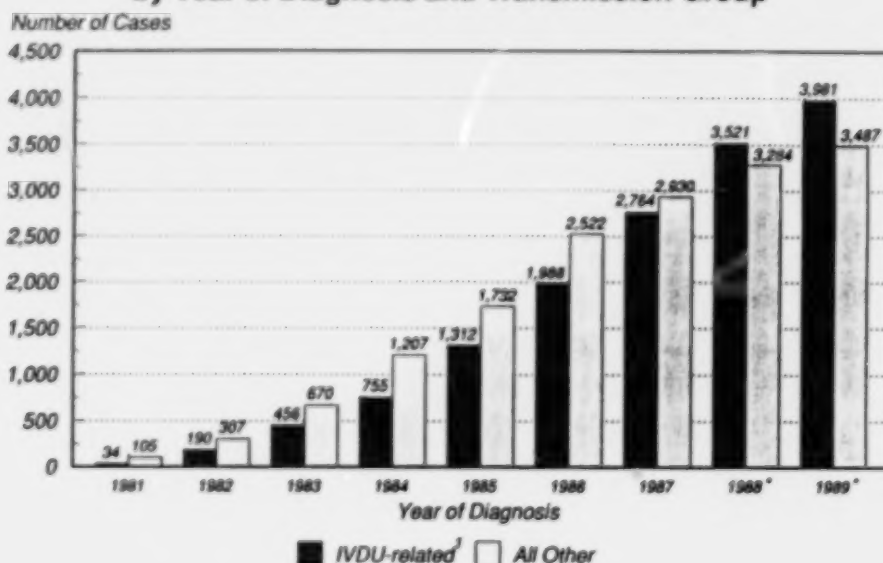
HIV seroprevalence studies show a higher risk of infection among persons who reside in impoverished urban areas where drug use is rampant. The New York State Department of Health is conducting HIV seroprevalence studies to determine current rates of HIV infection and trends in infection rates over time.

AIDS Among Drug Abusers

There were 3,379 new IVDU-related cases of AIDS reported in 1989 using data reported through September 30, 1990 (see Figure 4 for expected total case reports once data are complete).

Figure 4

AIDS Cases by Year of Diagnosis and Transmission Group



Source: NYSDOH, AIDS Epidemiology Program

*Number of cases was adjusted for a reporting lag, based on data reported through June 30, 1990.

[†] IVDU-related includes all IV drug users, heterosexual contacts of IV drug users, and maternally transmitted pediatric cases whose mothers were IV drug users or sexual contacts of IV drug users.

Over 14,000 cases of AIDS have been reported among IVDUs, their sexual partners and children through 1989, comprising a full 47 percent of all AIDS cases in the State. Of these cases, 89.8 percent were intravenous drug users themselves, 6.4 percent were sexual partners of intravenous drug users, and 3.8 percent were children born to women who were IVDUs or sexual partners of IVDUs. AIDS continues to rise in females and children infected perinatally by their mothers.

Among adult women with AIDS, 83.5 percent (3,369) of cases are associated with the use of IV drugs, either by the woman herself (73.8 percent) or by her sexual partner (26.2 percent). Of the 706 pediatric AIDS cases reported through 1989, 549 (77.8 percent) children acquired their infections perinatally from infected mothers who were IVDUs or sexual partners of IVDUs. Of the 1,198 AIDS cases reported among inmates in the New York State prison system, 95 percent (1139) were associated with IV drug use.

HIV Seroprevalence

In 1989, over 1,800 children were born to mothers seropositive for HIV. Approximately 600 of these children may be expected to be infected themselves. Serologic surveys in 1987 and 1988 showed that among prison entrants who reported intravenous drug use, over 40 percent who reported a history of drug use tested positive for HIV infection, while less than 10 percent who reported no such history were positive.

Beginning in the summer of 1988, blinded seroprevalence studies were initiated in 29 New York City methadone maintenance treatment programs.¹¹ In the beginning of 1989, an additional 12 sites were added to the project. During an 18-month period 2,282 clients in drug treatment programs were tested for HIV antibodies. Of the 2,282 tested, 711 (31.2 percent) were positive. Results of this study showed that seroprevalence rates were highest among males (31.7 percent), persons 30-39 and 40-49 (33.3 percent and 34.6 percent respectively), and blacks (37.1 percent).

During 1989 and 1990, the Office of Mental Health (OMH) conducted an anonymous seroprevalence study in New York City's Creedmoor Psychiatric Center and the community service ward at New York State Psychiatric Institute. Of 892 blood samples tested, 47 were positive for HIV antibodies, a seroprevalence rate of 5.3 percent. The highest rate of positive tests - 11 percent -- were among newly admitted black patients. There was no significant difference between rates for men and women. Seriously mentally ill patients known to be HIV-positive are also identified as having high rates of substance abuse, particularly intravenous drug use, and use of crack or other forms of cocaine. A pilot study also indicates that about half of the seriously mentally ill are sexually active, some with multiple partners.

Pregnancy and Newborns

Public attention has centered on the debilitating effects that a pregnant woman's drug and alcohol abuse has on her unborn fetus/newborn child. These include perinatally transmitted AIDS and syphilis, mental retardation due to Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE), and low birth-weight and addiction in children born to cocaine and heroin addicts. Children born from such pregnancies can suffer severe disabilities and other handicapping conditions.

Data collected by the Department of Health indicate that the number of pediatric AIDS cases related to IV drug use (transmission of HIV by women infected through use of IV drugs or through sexual contact with an IVDU) doubled between 1985 and 1987 and are expected to increase to 138 cases in 1989 (Figure 5). In addition, IVDU-related cases of pediatric AIDS are over two-and-one-half times as predominant as cases related to other pediatric transmission routes.

IVDU-related Pediatric AIDS Cases by Year of Diagnosis and Transmission Group

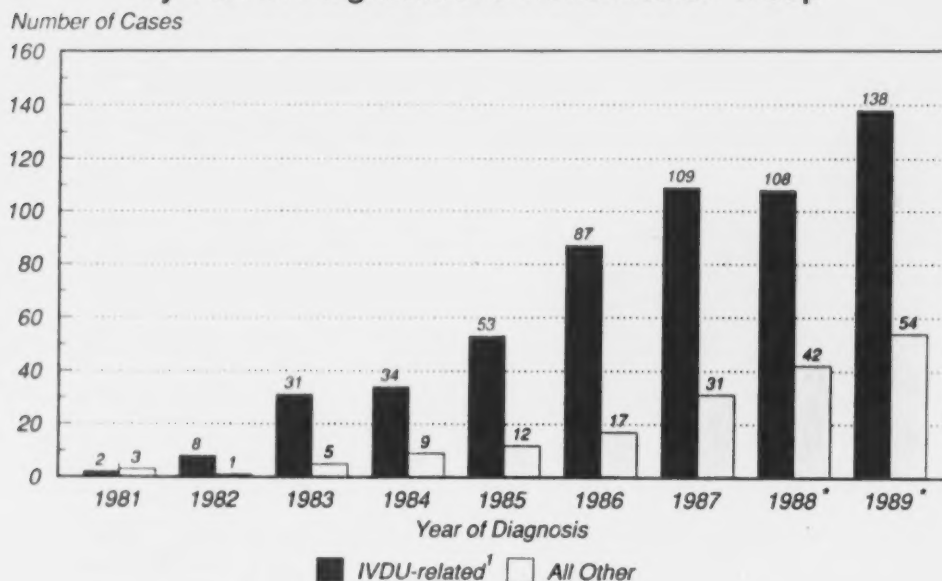


Figure 5

Source: NYSDOH, AIDS Epidemiology Program

*Number of cases was adjusted for a reporting lag, based on data reported through June 30, 1990.

[†] IVDU-related pediatrics include children born to women who were IV drug users or sexual contacts of IV drug users.

Syphilis also has a devastating toll on newborns. The most serious and costly complication of syphilis is that of congenital infection where the disease is passed from mother to fetus during pregnancy. Congenital infection can result in miscarriage, stillbirth or infants born with a wide range of manifestations of the disease.

Overall, the proportion of women with syphilis has shown a dramatic increase evidenced by the large number of congenital syphilis cases reported. There were approximately 1,100 cases of congenital syphilis in 1989, a 300 percent increase over 1988.

For the first nine months of 1990, there were 52 reported cases of congenital syphilis in the state outside of New York City; at least 29 (56 percent) of these were tied in some manner to the use of drugs. For the same time period, there were 659 reported cases of syphilis in New York City. Based on NYS Department of Health estimates

from 1989, it is likely that at least 45 percent of these cases will also be shown to be drug-related.

Women who abuse alcohol during their pregnancy, either exclusively or in conjunction with other drugs, risk bearing a newborn with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE). According to a 1987 estimate by the National Institute on Alcohol Abuse and Alcoholism, there are between 4,000 and 12,000 cases of FAS each year. The New York State Division of Alcoholism and Alcohol Abuse estimates that at least 500 of those cases reside in New York. Further, DAAA estimates that an additional 5,000 newborns suffer from Fetal Alcohol Effects. FAS surpasses Down's Syndrome and Spina Bifida as the leading cause of mental retardation.

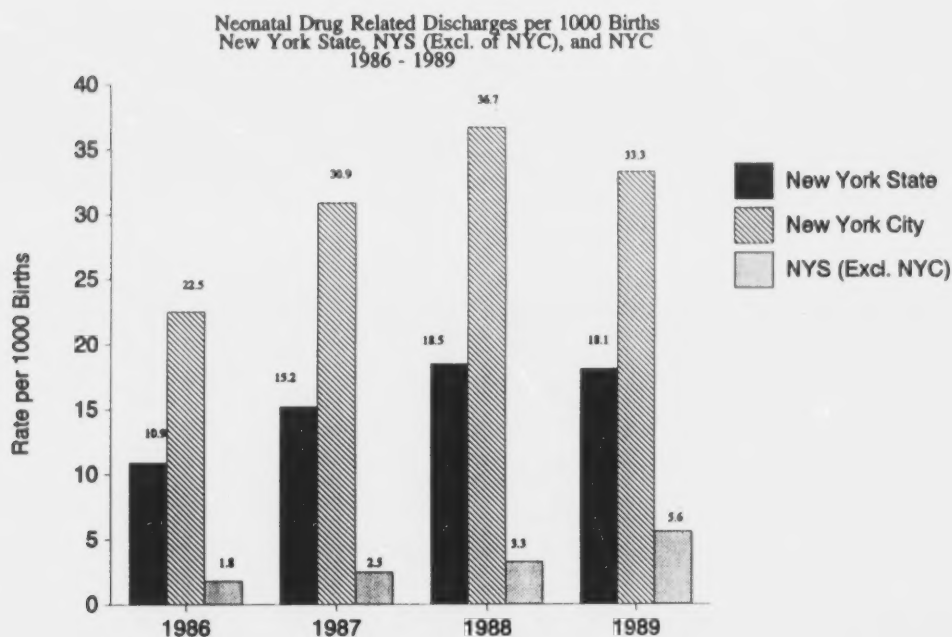
Drug and alcohol use during pregnancy has been shown to negatively affect fetal development and

may result in death and acute or chronic disabilities. Although results of long-term studies on cocaine-exposed infants are not yet available, the reports of some developmental psychiatrists have found high rates of autism, hypertonicity, social interaction problems and delays in language development in children who were exposed to drugs in utero. This has led to predictions that these children need specialized educational services which cannot be provided by the average day care, preschool or kindergarten classroom. It is often difficult, however, for researchers to distinguish between the impact of a child's home environment and prenatal exposure to drugs. It should be noted that findings released in August 1990 by the Cocaine/Crack Research Working Group, under the auspices of the Division of Substance Abuse Services, indicate that some central nervous system irritability and EEG abnormalities found in affected babies are transient and appear to normalize over time.¹²

A review by the Department of Health of neonatal drug hospital discharges in New York State indicates increases between 1986 and 1989. During this time period, in New York State, neonatal drug discharges increased from 2,738 to 4,989 or by 82 percent. In 1989, in New York City, neonatal drug discharges accounted for 4,140 of all recorded drug-related births or 83 percent of the state total.

Neonatal drug-related discharges per 1,000 births increased between 1986 and 1988. However, between 1988 and 1989, discharges per 1,000 decreased from 36.7 to 33.3 in New York City, but increased from 3.3 to 5.6 for New York State excluding New York City. The New York State rate per 1,000 decreased slightly from 18.5 to 18.1 (Figure 6).

Figure 6



Source: Statewide Planning and Research Cooperative System (SPARCS)

Neonatal drug-related discharges per 1,000 births for New York State by payment type (i.e., Medicaid, "other" such as private health insurance or self-pay and unknown) were reviewed for 1986 through 1989 as a proxy measure for socioeconomic status. Rates per 1,000 for Medicaid discharges increased to 54.1 in 1988 and decreased to 50.3 in 1989. A similar trend was evident for the payment source "unknown". In this category, the rate per 1,000 rose to 18.4 in 1988 and decreased to 17.5 in 1989. The rate per 1,000 for the payment source "other" increased slightly and steadily from 1.9 to 2.5 between 1986 and 1989.

Decreases in the rates of neonatal drug discharges per 1,000 births are noteworthy. However, these data and trends must be interpreted cautiously. For example, the consistency of hospital reporting varies as well as the methods (i.e., urine testing, blood toxicologies, self reporting by mothers, etc.) individual hospitals use to determine drug use. Also, some hospitals may target drug screening to high risk groups, thereby skewing the results of poor and minority populations. Those hospitals which serve poor populations may screen for drugs routinely while others do not. Consequently, payer differences are not likely to be as great as the figures indicate.

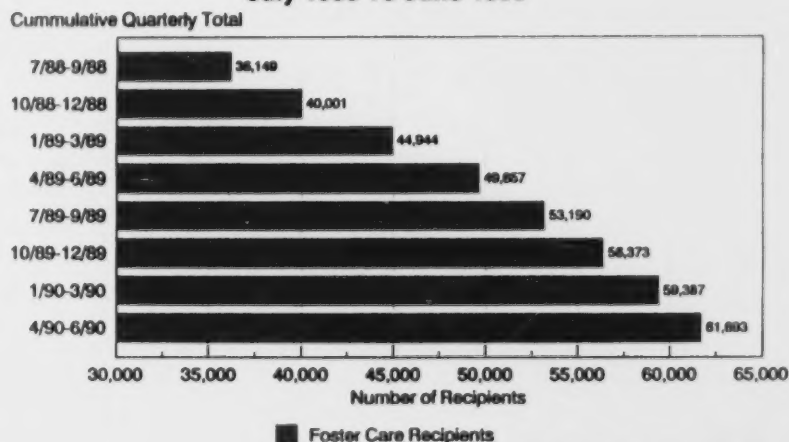
Impact on the Social Services System

Alcohol and other drug abuse has affected homelessness. The Department of Social Services Department estimated that on any given night in 1989, there were 32,700 persons, including 12,500 children, who were sheltered in emergency accommodations throughout New York State because they were homeless. Data indicate that about 10 percent of homeless families have a personal or family substance abuse problem. Drug and alcohol abuse among homeless youth may be much higher. A preliminary survey of homeless youth in independent living programs, conducted by the Department of Social Services, found that 25 percent of these young people had an alcohol or drug abuse problem.

Crack use has likely influenced the dramatic increases in the number of reported cases of child abuse and neglect, the severity of child abuse, and the number of children placed in out-of-home care. Between 1985 and 1989, New York City experienced a 300 percent increase in the number of reported cases of child abuse and neglect involving parental drug abuse. From July 1988 to July 1990, more than 25,000 children were added to foster care. The Department of Social Services projects there will be almost 71,000 children in foster care by the end of 1990 and more than 85,800 by the end of 1992 -- up 39 percent from the 61,700 children in foster care as of July 1990 (Figure 7).

Figure 7

Foster Care Recipients in New York State July 1988 To June 1990



Source: New York State Department of
Social Services

A recent Department of Social Services' survey of foster care and preventive services cases determined that drug (54 percent) and alcohol (28 percent) abuse were among the most significant problems of parents whose children were in foster care. Similar levels of alcohol (24 percent) but lower levels of drug abuse (21 percent) were also found among parents in families receiving preventive services.

Drug and alcohol abuse among parents are affecting children in their earliest and most vulnerable years. Foster care admissions have increased most dramatically for young children, especially infants and toddlers under the age of two years -- a 50 percent increase between 1987 and 1989. Many of these children are abandoned early in life by drug and alcohol abusing mothers. In fact, the Department's foster care case survey shows that 44 percent of foster care children entered care because their parents either abandoned them or were unavailable.

Children born to drug addicted parents may wait two or more years after being ready for adoption before the legal and bureaucratic adoption process can be completed. Depending on the number and quality of interim foster care placements, the children may grow into adolescence and adulthood with a range of social and emotional problems due to physical abuse and neglect associated with drugs as well as to prolonged deprivation of consistent emotional attachments. The effect of chemical abuse may still translate to an intergenerational accumulation of dysfunctionality -- characterized by deficits in the ability to form or sustain positive relationships within families, at school or in the workplace -- and by low self-esteem and, often, self-destructive behavior.

Foster care systems in New York and around the country are facing unique challenges in attempting to provide special training, respite and improved compensation to those families who are willing to take on medically fragile infants or other drug-exposed children with special needs. Expanding drug and alcohol abuse treatment for

pregnant women and parents with children would help to avert the need for foster care placement.

Impact on the Mental Health System

Alcohol and other drug abuse by individuals who are also diagnosed with mental disorders is becoming increasingly problematic to the mental health service delivery system. A literature review conducted recently by the NYS Office of Mental Health (OMH) reported prevalence rates of mental illness/chemical abuse (MICA) ranging from 7 percent to 60 percent across various service delivery settings and psychiatric subpopulations. Using data from the 1985 National Institute of Mental Health's Epidemiological Catchment Area Studies, OMH estimates that the prevalence of mental illness and concurrent chemical (alcohol and drug) disorders in New York State's general population in 1990 is 250,000 persons (i.e., 12 percent prevalence rate). These divergent rates are related to the difficulty in standardizing a definition of the MICA client; a lack of consensus regarding the distinction between use versus abuse; differences in study designs, sample sizes, and study sites in terms of service settings and geographical regions; and the differences in research conducted in the 1970s versus that done in the 1980s. Several surveys are outlined below:

Patient Characteristics Survey (PCS)

The PCS is OMH's most comprehensive survey of inpatient and outpatient State and local mental health agencies licensed, certified, or operated by OMH. During the 1989 survey week, 140,557 were captured on the survey. Of this total, 13,008 (9.3 percent) had a mental illness diagnosis and a clinician-rated secondary disability related to alcohol or substance abuse.

Client Characteristics and Needs Survey (CCNS)

The CCNS is an annual survey of all residential mental health clients. MICA clients can be identified by a dual diagnosis or by a principal psychiatric diagnosis and the clinician's indication of a secondary disability of alcohol or drug abuse. Using 1989 statewide results, 6,375 (18.9 percent) of residential clients were alcohol abusers and 15.1 percent were drug abusers.

Emergency Room Services Study

This study, performed in 1988, collected data on all clients presenting for psychiatric evaluation or service during a 72-hour period at 10 emergency rooms in upstate New York and New York City.¹³ Along with other variables, data were collected on psychiatric clients' substance use. Forty-four percent of the presenters to the psychiatric emergency rooms evidenced current substance use; 7 percent were dually-diagnosed with a major mental illness and substance abuse; 13 percent were diagnosed with a major mental illness displaying evidence of current substance involvement.

When dealing with cross-diagnosis, it is important to note that estimates of the MICA population will also vary according to which is considered primary and which population is secondary within the analysis. For example, while the proportion of mental health clients who have cross-diagnoses of chemical abuse ranges from 7 to 60 percent, the percentage of clients in the alcohol treatment system who have concurrent psychiatric diagnoses is consistently high. In recent studies of alcoholism clients, it was found that 30 percent were found to have alcohol and mental health disorders, 57 percent had no other diagnosis, 8 percent had a concurrent drug diagnosis, and 5 percent had alcohol/drug/mental health problems. However they are defined, it is evident that the dual-diagnosed need to be given priority, and that the multiple systems that serve them must coordinate their efforts on behalf of these clients.

Criminal Justice

Changes in patterns of drug consumption affect the entire criminal justice process -- from law enforcement and arrests, through court criminal proceedings, probation, incarceration and parole. Patterns of drug consumption influence offenses such as homicide, robbery, assault, property theft and child neglect. The criminal justice system's response to changes in patterns of drug offending and enforcement is also reflected in court processing data such as court filings and pending cases, convictions and penal sentences.

Crime and Arrest Trends

The criminal justice system provides data on the use patterns among defendant populations through the National Institute of Justice's Drug Use Forecasting (DUF) system. Each quarter, the DUF system, which became fully operational in 1988, collects urine samples from approximately 225 males and 100 females in New York County and 19 other participating cities. In 1989, 79 percent of male arrestees and 76 percent of female arrestees in New York County tested positive for some drug use.¹⁴ This represents a slight decline from 1988, when 83 percent of males and 80 percent of females tested positive.¹⁵ The most frequently appearing drug among both sexes was cocaine.

Additional evidence indicating the seriousness of the drug problem in New York State appears in Uniform Crime Report data. The data base records all offenses known to police. Reported offenses remained stable during the first half of the 1980s, increasing thereafter at variable rates. Between 1985 and 1989, the annual number of murders in New York City increased by approximately 40 percent, while reported robberies and property offenses increased by 17 and 16 percent, respectively. The remainder of the State experienced a 15 percent increase in the number of reported murders.¹⁶

Arrest statistics are less precise indicators of the impact of changes in patterns of drug consumption. They can be influenced by many factors including the frequency of reported offenses, degree of cooperation from witnesses and victims, and resource levels of police agencies. Yet, drug arrest statistics provide additional insight into our response to drug use, while non-drug arrest statistics allow us to determine, among other things, whether changes in resources dedicated to drug enforcement have affected other important areas.

Arrests for offenses involving drugs, murder, robbery and property theft increased significantly throughout the second half of the 1980s. Felony drug arrests within and outside of New York City increased by 130 and 276 percent, respectively, between 1985 and 1989. During the same time period, misdemeanor drug arrests increased by 35 percent in New York City and 80 percent outside of the City.¹⁷

A comparison of the first six months of 1989 and 1990 indicates continued growth in reported murders and robberies in New York City and the rest of the State. Although the 1990 data are only preliminary, they indicate larger increases outside of New York City. Nonetheless, the number of reported offenses per capita remains highest within New York City. The growth in drug arrests did not continue into the first nine months of 1990. New York City reported two percent fewer felony drug arrests (37,131 vs. 38,010) and 23 percent fewer misdemeanor drug arrests (31,852 vs. 41,106) compared to the first nine months of 1989. The remainder of the State witnessed even larger decreases of 16 percent in felony drug arrests and 18 percent in misdemeanor drug arrests.

Reasons vary for the reduction in drug arrests. Changes in factors such as the nature of the drug trade and the intensity of drug enforcement may contribute to a decline in drug arrests throughout the State. For example, reductions in open drug markets may result in less drug enforcement. The reduction in drug arrests in New York City is due,

in part, to the diversion of officers from the Tactical Narcotics Teams.

Growth in arrests for murder, robbery and property offenses generally paralleled the increases in reported offenses. Between 1985 and 1989, increases in arrests for robbery and property offenses in New York City exceeded those of reported offenses, while increases in the number of arrests for murder equaled approximately one-half of the growth in reported murders.

Homicides and Drugs

Public concern over increases in drug-associated offenses has heightened, in part, because of the media's attention to particular criminal events. The public's perception suggests that the violence associated with the drug trade is increasingly random rather than targeted at those involved in criminal subcultures. However, recent homicide research, including a study undertaken jointly by DCJS and Narcotic and Drug Research, Inc.(NDRI), does not support the perception of increased random violence.

The DCJS/NDRI research examined homicides committed in New York City between March 1, 1988 and October 31, 1988.¹⁸ With assistance from the New York City Police Department, the researchers studied all homicides which were committed in 17 precincts. They focused on those homicides that could be identified as drug-related either because the homicide took place in the course of purchasing drugs (systemic homicide) or using drugs (psychopharmacological homicide), or because it resulted from a drug user's participation in an economically-oriented crime due to a compelling need to get drugs or money for drugs (economic compulsive homicide). The data indicate that only two percent of all drug-related homicides were economic compulsive. Seventy-four percent of the drug-related homicides were systemic, while 14 percent were psychopharmacological, and most of those involved the ingestion of alcohol. Of the systemic homicides, only two percent involved

innocent bystanders. The research also noted that homicide victims were more likely to have had drug offense arrest records than the perpetrators.¹⁹

Court Workload Trends

The significant increase in drug and non-drug arrests in recent years has heavily taxed prosecutors, public defense agencies and the court system. According to statistics from the State Office of Court Administration, the number of filings in the superior court of New York City increased by almost 75 percent between the year 1985 and 1989. Cases pending at the close of the year increased by over 20 percent during the same time period. Perhaps most alarming is the enormous increase in Family Court child protective petitions. Between 1985 and 1988, the number of petitions grew by over 220 percent in New York City and 74 percent in the remainder of the State. It is important to note, however, that changes in rates of protection petitions can be influenced by factors other than changes in rates of abuse and neglect events. During the period in which protection petitions increased by 220 percent in New York City, allegations of abuse increased by 47 percent. The disparity in increases between

allegations and petitions may be due to a variety of factors, including the seriousness of the allegations and changes in Department of Social Services investigative and charging practices. The pattern in New York City appears to be reversing, however, with petitions declining by 24 percent between the first nine months of 1989 and 1990.

Correctional Workload Trends

Changes in the patterns of drug use and enforcement greatly influence correctional services. Increases in arrests combined with more stringent plea policies and proportionally more defendants with prior criminal records have resulted in a dramatic growth in drug offenders sentenced to State prison, local jails and probation. Between the years 1984 and 1989, annual drug commitments to State prison increased by almost four hundred percent. As of December 1, 1990, over 18,000 or one-third of all State inmates were drug commitments. Similarly, the number of annual sentences to probation for drug offenses increased by 71 percent between 1984 and 1989, with approximately 30,000 or 25 percent of all probationers currently under supervision for convictions on drug charges (Table 1).

Table 1

SENTENCING TRENDS FOR CONVICTIONS RESULTING FROM
FELONY DRUG ARRESTS,
NEW YORK STATE
1984-1989

Year	Sentence				
	State Prison	Local Jail	Jail & Probation	Probation	Other
1984	2,341	4,453	1,077	2,335	3,674
1985	2,897	4,937	1,436	2,614	4,210
1986	3,880	5,378	1,870	2,840	3,559
1987	6,571	7,945	3,874	4,035	3,945
1988	7,794	9,658	4,588	3,861	3,536
1989	11,534	10,561	5,418	3,995	4,481

SOURCE: New York State Division of Criminal Justice Services, Computerized Criminal History/Offender Based Transaction Statistics

It is estimated that if present trends persist, the prison population in New York State will rise from its current level of almost 55,000 to over 71,000 inmates by the year 2000. Drug offenders will likely comprise almost 40 percent of all male inmates.

Approximately 800 drug offenders under the custody of DOCS as of April 1990 (five percent of all drug offenders under custody) were class D, E and select class C felony offenders with no prior felony conviction.²⁰ These inmates were eligible for sentences of probation, but were sentenced to State prison at the discretion of the court. An additional 6,590 inmates (38 percent of all drug offenders under custody) were first-time felony offenders convicted of class A, B and select class C felony offenses whose sentences to State prison were mandatory in absence of alternative life sentences of probation. Conversely, 6,851 inmates (40 percent of all drug offenders under custody) were class D, E and select class C felony offenders whose incarceration was mandatory only because the drug charge represented a second felony conviction. Thus, a significant proportion of inmates committed to State prison for drug convictions have no prior felony convictions or were mandatorily sentenced upon conviction of a lesser drug felony due to the existence of a prior felony conviction.

Most inmates incarcerated at the State and local level and those under the supervision of probation have drug abuse problems.²¹ About 74 percent of State inmates are identified drug abusers. Cocaine and crack were used by fifty percent of this population. Over one-half of probationers statewide are drug abusers. State and national data also indicate that alcohol is a significant factor related to the commission of most major crimes.

CONCLUSION

Alcohol and drug abuse continue to have a significant effect on increased premature death, sickness and disability, higher utilization of medical care services and increased health care costs. Although some promising trends have been noted,

drug and alcohol abuse still remain high in many population groups.

Access to alcohol and drug treatment has improved with the expansion of services, especially in the provision of ambulatory services. Despite the overall downward trends in alcohol mortality, alcohol-related deaths are still very high. If past trends continue, drug abuse mortality may increase.

A slowing in the rate of increase in AIDS cases has been noted and with the advent of AZT the life of patients and their asymptomatic stage of disease has been prolonged. Consequently, the need for health care will remain, especially for primary and long-term care services, including home care. Supportive housing will also be necessary. Unlike the early to mid-1980s, AIDS is now being treated more like a chronic disease.

During the past two years, AIDS cases among women have more than doubled. Unless women take greater precautions to protect themselves from HIV infection, it is projected that within five years new AIDS cases among women and their children may exceed those among homosexual males.

Sexually transmitted diseases such as syphilis and other communicable diseases like tuberculosis continue to present vexing public health problems and will demand the attention of the health, education, and drug and alcohol treatment systems to halt their spread. Similarly, preventing and reducing drug and alcohol abuse among pregnant women and women of child bearing age will require coordinated and expanded programs to avert morbidity and mortality associated with these destructive lifestyles.

Perhaps the greatest effect on the social services system is the continuing increase in out-of-home foster care placements. Current data indicate that rates are especially high for infants age two and under. Since the adoption and placement process is complicated and lengthy, children may be negatively affected both physically and emotionally.

Serving the needs of mental health clients has particular public health importance due to the high coexistence of drug and alcohol abuse and psychiatric problems. These data indicate that mental disorders must be considered as a part of drug and alcohol abuse prevention efforts. Multiple service systems must coordinate their efforts to best serve the needs of the MICA population.

The surge in drug use, particularly cocaine, during the 1980s has had a significant impact on the criminal justice system. That impact becomes more acute as it moves through the system from arrest through penal sanctioning. Increased drug use also appears to have exerted some additional impact on other offenses, although the degree and nature of that impact is not completely clear. Recent indicators imply a downturn in drug arrests, but drug use among the offender population remains high. The downturn in felony arrests is most apparent outside of New York City, with the decrease in misdemeanor drug arrests greatest within the City. In many ways, the dramatic growth in arrests of drug dependent individuals throughout the 1980s has changed the face of the offender population. Drug treatment has become a central need within all correctional programs.

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CRIMINAL AND JUVENILE JUSTICE SYSTEM PROGRESS AND PRIORITIES

INTRODUCTION

The past year has witnessed numerous advances in drug law enforcement and related activities. Individual and multi-agency initiatives were undertaken in a comprehensive effort to improve drug interdiction, deterrence and offender supervision. The attack on multi-jurisdictional drug operations will be strengthened further by the organization of a fourth regional drug enforcement task force and the geographical expansion of previously established task forces. The State Police play a central role in the task force efforts which target mid and high-level drug traffickers. The State Police also expanded the scope of its narcotics program to include street-level enforcement through introduction of mobile Community Narcotics Enforcement Teams.

Coordination among criminal justice agencies was strengthened in 1990, especially between Parole and State and local law enforcement agencies. Local drug enforcement was enhanced through implementation of the Highway Drug Interdiction and the Drug Recognition Expert training programs, both of which were developed and implemented through the joint efforts of the Bureau of Municipal Police and the State Police.

Among the advances in the court system was the authorization of thirty-two new judgeships and continued progress on the capital improvement of court facilities. This year, significant technological innovations are taking place in the New York City criminal justice system through development of video and computer links between police and prosecutors, and the acquisition of digital fingerprint facsimile transmission equipment. These initiatives will reduce arrest-to-arraignment delay and improve the quality of evidence available to the prosecution.

Much needed assets forfeiture legislation was enacted. This measure will improve the funneling of seized assets into the criminal justice and drug treatment systems. Profits from illegal drug trade were also attacked through initiation of the Crime Proceeds Strike Force, and several other new laws.

Although this year's accomplishments have been many, more must be achieved. The federal government's role in the war on drugs has not kept pace with the needs of the citizenry. Probation and alternative sentencing programs must be strengthened in order to better handle drug offenders. Numerous Governor's program bills failed to pass in the Legislature, leaving a significant void in New York's efforts to attack the drug problem which has debilitated so many of our communities. Foremost on the legislative agenda must be passage of the Governor's Omnibus Anti-Violence Act to address the proliferation of violence that accompanies the drug trade. Legislative action is also necessary to institute new sanctions to hold drug users accountable.

STRENGTH THROUGH COORDINATION AND RESOURCE SHARING

Multi-jurisdictional Drug Enforcement Task Forces

Good coordination creates a foundation for effective drug law enforcement. It requires unified planning and complementary use of information and personnel resources. The State Drug Enforcement Task Force was designed to facilitate such coordination among all levels of government. The Task Force is comprised of local, State and federal law enforcement officers who are responsible for

the administration of narcotics enforcement activities. Among the recent accomplishments of this body is the development of innovative drug control strategies, many of which are recommended in this report. A third drug enforcement task force became operational in the Mid-Hudson region and a fourth is being organized in the Southern Tier West Region, building upon an existing local effort. Planning is underway to expand the Central New York Task Force to three additional counties.

These expansions and the increase in personnel committed to the battle will intensify the attack on major drug-trafficking operations. Operational data reported by the regional task forces underscores their effectiveness. As of September 1990, they had made more than 550 drug buys and arrested 567 major drug traffickers. Sixty-seven percent of those arrested were charged with A-level felonies level or equivalent federal charges. Task Force officers had seized over 34 kilograms of cocaine, 2.9 kilograms of heroin and 84.9 kilograms of marijuana. Assets seized by the task forces include adoptive seizures for State and local law enforcement agencies totalling \$4.9 million.

Mutual Support

The Division of State Police supports multi-jurisdictional drug enforcement efforts and deploys more than 380 narcotics investigators throughout the State. Approximately fifty investigators have been added in the past year. Seventy-nine investigators serve on the New York City Drug Enforcement Task Force, with additional investigators scheduled for assignment. The State Police also provides 16 investigators to the Regional Drug Task Forces and 18 investigators to the New York City Special Narcotics Prosecutor's Office.

This year witnessed an increase in State aid for crime laboratories, extending financial assistance to two additional facilities. The program now provides partial funding for nine local crime laboratories around the State. This support will help police laboratories improve the quality and

speed of their work. The long-term goal of establishing a state-of-the-art State Police Forensic Investigation Center with updated instrumentation, such as DNA analysis equipment, will enable the lab system to keep pace with the growing demand for its services.

The New York Army National Guard is actively engaged in the interdiction of drugs coming into New York State by assisting in cargo inspections at points of entry. The Guard's role in identifying and eradicating marijuana fields within our borders is expected to grow. By participating in surveillance and intelligence gathering activities, loaning specialized equipment and space at its facilities, and providing logistical support, the Guard effectively complements police efforts statewide.

Interagency Cooperation

Effective coordination is exemplified by the close working relationship between the Special Offender Unit (SOU) of the Division of Parole and the Tactical Narcotics Teams (TNT) of the New York City Police Department (NYPD). Parole's SOU supervises, among others, parolees with previous involvement in high-level drug trafficking and works closely with police to quickly identify any further criminal involvement by these parolees. The Special Offender Unit, originally operating solely in Queens, was expanded in 1990 to include Brooklyn, Staten Island and Long Island.

Similar coordination has occurred between Parole and the NYPD in an effort to increase the apprehension of parole violators residing in neighborhoods targeted for intensive police patrols. The agencies exchange information on the identity of parole violators and suspected drug offenders and combine their apprehension efforts within the targeted neighborhoods. Parole is planning to replicate this networking with the NYPD community-policing program in order to mutually enhance efforts to protect the public.

The Division of Probation and Correctional Alternatives (DPCA) is also exploring ways to work more closely with law enforcement. DPCA and the School of Criminal Justice at the State University of New York at Albany are planning a study of the interface between police and probation agencies. Research will seek to improve working relationships between these two components of the criminal justice system.

Information and Intelligence Sharing

A number of advances in information systems are designed to facilitate coordination among various law enforcement agencies. In order to improve its exchange of information with the New York State Police, Parole is automating its capacity to routinely generate and transmit to each troop headquarters a listing of all parolees under supervision in that area.

The State Police promotes cooperation with local law enforcement through the monthly dissemination of data on drug interdiction arrests. The data base resulting from the Statewide Narcotics Apprehension Reporting Effort (SNARE) provides information on the latest transport methods used by narcotics traffickers, types of drugs seized and characteristics of drug traffickers. A second narcotics information support program established by the State Police is the Statewide Narcotics Indexing Program (SNIP). This computer-indexing program provides information on individuals suspected or known to be involved in narcotics related offenses. There are over 500 entries in the data base and more than 100 matches have been referred to participating agencies. This assures efficient personnel deployment and the safety of officers engaged in drug investigations from 200 separate departments.

Police Training

The State plays a vital role in assisting local law enforcement to identify and arrest drug traffickers. Services are provided both directly through the surveillance and arrest efforts of the State Police

and indirectly through training and technical assistance provided by both the State Police and the Division of Criminal Justice Services. A critical component of the statewide law enforcement support effort is the provision of training to local officers. Starting in 1989, the Bureau of Municipal Police (BMP), in conjunction with the Division of State Police, brought together an expert committee of law enforcement professionals from throughout the State to develop a Highway Drug Interdiction (HDI) course for municipal police officers. Although termed "Highway Drug Interdiction," the curriculum is broader and includes, but is not limited to, drug identification techniques, education in drug trafficking methods, and issues involving clandestine laboratories. To date, over 250 officers have been trained as HDI instructors. They, in turn, have provided training within their agencies and at the request of other agencies.

1991 Priorities

Further mechanisms should be developed to enhance the gathering and exchange of intelligence information regarding criminal activity.

Each Criminal justice agency has information which can enhance the effectiveness of other law enforcement efforts. Community police officers should know the legal status of ex-offenders residing in their area. Similarly, parole and probation officers need to be aware of suspected illegal behavior of offenders under their supervision. Each of these agencies may also possess information regarding crime patterns in local communities which can assist in the development of law enforcement responses. Clearly, maximum information sharing is an important component in effective drug enforcement and should be pursued on informal and formal bases.

A commitment on the part of two or more agencies to link staff assigned to particular geographic areas can routinize the informal exchange of information. A more formalized

exchange of information might be accomplished through a multi-agency information base to provide data on offenders, known associates and crime patterns. An integrated information system should be available to facilitate, for example, the notification of the supervising agency whenever a law enforcement officer runs a motor vehicle inquiry on a probationer or parolee.

Each year, DSAS collects and disseminates information on drug trends to treatment providers and police agencies on request. The success of this effort has resulted in the decision to expand it by publishing a joint advisory, of DSAS and DCJS. The joint advisory will be published twice a year, and will describe drug trends with data collected through street ethnography, crime lab reports, police surveys and narcotics officers intelligence programs. To maximize the usefulness of the advisories to police throughout the State, the street ethnography work of DSAS should extend beyond New York City.

Training of State and local police officers should be continued and expanded to accommodate changes in law and technology.

During 1991, training will expand to other targeted areas. These will include instruction in the use of the new assets forfeiture legislation, state-of-the art evidence processing, field drug testing and legal updates. Both NYSP and BMP have developed the capacity to continue modification and development of training programs on an "as needed" basis.

Pass legislation to authorize random and field testing of suspected substances to reduce the burden on police laboratories resulting from the analysis of suspected drugs.

Two Governor's program bills submitted during the 1990 legislative session sought to expedite the testing of suspected narcotics and reduce the volume of drugs tested in police laboratories. The random sampling legislation would require that only a sample of consistently packaged substances be

tested. Random sampling of suspected narcotics is used by the federal government and other states, including Illinois and Virginia. Currently, most trial courts in New York require that each individual package of suspected narcotics be tested for content. In some instances, this requires lab technicians to test hundreds of small packages individually in order to present admissible evidence to the court. This widespread requirement does not reflect the position of the Court of Appeals. In People v. Argro, 37 N.Y.2d 929 (1975), the Court upheld a guilty verdict which stemmed from sample testing of narcotics evidence, stating that the question of proof in the case was for the jury to decide. The United States Court of Appeals for the First Circuit, in United States v. Maceo, 873 F.2d 1 (1st Cir. 1989), cert. denied ___ U.S. ___, 110 S.Ct. 125 (1989), noted in a case where a DEA chemist determined that the government's exhibit contained 28.72 grams of pure cocaine base -- having determined that figure by examining 16 of 227 vials and then extrapolating to reach his numbers -- ruled that it is the jury's role to determine the credibility of the government's expert witness and the weight accorded to his testimony.

The second bill is designed to enable police officers to conduct chemical field tests of seized substances and enter the results in a court of law for the purposes of grand jury indictment and plea taking. In drug prosecutions, a laboratory report or expert testimony is usually required to overcome the hearsay nature of the drug charges. A witness is generally qualified as an expert if it is shown that he or she is familiar with the subject matter at issue. In a recent criminal court case in New York City, the court held that, if uncontroverted and uncontradicted, the opinion of a police officer specifically trained to identify marijuana was sufficient "supportive scientific proof" to convert a misdemeanor complaint into an information. (See People v. Escalera, 143 Misc.2d 779, 541 N.Y.S.2d 707, [N.Y.C. Criminal Ct., New York Co. 1989]). Although case law supports the admissibility of chemical field tests as evidence, there is no statute which codifies these precedents. This legislation would promote the use of field

tests, substantially reducing the volume of substances sent to police laboratories for analysis.

FEDERAL PARTICIPATION IN DRUG ENFORCEMENT

The federal government plays a vital role in drug enforcement. Drug trafficking is a crime under State and federal law. Both levels of government are therefore responsible to address the problem. Furthermore, many drugs are produced outside of the United States and only become available to our citizenry only after ending the interdiction efforts of the federal government.

Federal involvement in drug enforcement begins with protection of our borders and extends through detection, prosecution and punishment of drug offenders. Federal participation in the arrest and prosecution of drug traffickers occurs both directly and indirectly through financial support of State and local law enforcement agencies. Despite common jurisdiction, federal authorities devote only a fraction of the resources allocated by State and local governments to prosecute drug crimes. In 1989, there were more than 25,000 felony drug convictions in New York State, while the four federal districts within New York State closed fewer than 1,500 criminal cases.

Although there is no magic formula to calculate an appropriate balance of drug enforcement responsibilities among local, state and federal governments, the state judiciary and state and local law enforcement have no choice but to shoulder the lion's share of the burden. New York State has accepted that responsibility, while the federal government appears to be retreating from its already limited role in drug enforcement.

A 1990 Report of the Federal Courts Study Committee recommended a reduction in federal drug prosecutions, suggesting that the federal government only become involved in large multi-state or multi-national drug rings. The report fails to acknowledge that the State judiciary is currently

subject to significant pressures which would be further aggravated through reduced involvement of the federal judiciary. Clearly the drug crisis has taken its toll on everyone involved in prosecuting criminals. Nonetheless, neither the State nor the federal government can afford to shirk its duty to the public to deal with the drug crisis through the prompt and effective prosecution of those who violate the law.

The Federal Courts Study Committee did recommend that the federal government increase its support of state and local drug enforcement. Yet, as the State increases its share of drug enforcement, it also increases the burden on its correctional system. As of August 1990, the Federal Bureau of Prisons held only 2,300 inmates in custody for drug-related offenses stemming from prosecutions in the federal district courts within New York State, while 18,600 inmates were incarcerated for these crimes in State prisons. Nonetheless, if federal drug-enforcement assistance is rendered indirectly through support of State and local law enforcement, it will mark an improvement over the otherwise diminishing role played by the federal government today. Unfortunately, federal support has not kept pace with the needs of the State. Between fiscal years 1989-90 and 1990-91, State funding of drug enforcement grew by 21 percent (from \$467 to \$563 million), while federal Anti-Drug Abuse law enforcement funds increased by only 6 percent (from \$25 to \$27 million).

Other federal efforts to supplement local and State drug enforcement have also been problematic. For example, Congress last year appropriated \$25 million for drug interdiction efforts in five designated High Intensity Drug Trafficking Areas. Included among the designated areas is the New York City region, encompassing the five boroughs, Westchester County, all of Long Island and three New Jersey counties. The objective of the High Intensity program is to undertake a coordinated effort of local, State and federal law enforcement agencies to reduce the flow of drugs through the targeted areas and into the remainder of the

country. Although the program promises to build upon coordinated efforts currently underway, the four million dollars allocated to the New York City area is inadequate to have any meaningful impact. In addition, the funds have been channeled only through federal agencies with no support provided directly to state and local law enforcement through this initiative.

1991 Priorities

The federal government should increase its prosecution of drug traffickers and provide greater financial and other support to State and local law enforcement efforts.

A state-federal partnership is clearly vital to efforts to reduce the prevalence of drugs in the United States. A prominent item on this year's agenda will be to encourage the federal government to become more directly involved in the prosecution and incarceration of drug traffickers. Federal support to State and local law enforcement efforts should, at a minimum, match the growth in expenditures at the State level. Surplus federal property and facilities should also be made available for State and local use.

The federal government should discontinue its excessive delay in transferring, to State and local law enforcement agencies, property and currency forfeited under federal statute.

Federal law authorizes the United States Attorney General to transfer forfeited property to state and local law enforcement agencies when it results from seizures involving the participation of those agencies. The New York State Police share of cash seizures has been substantial, but excessive delays have occurred in the processing of these claims. The State Police has cash claims in excess of \$20 million which have been withheld for more than four years and \$19 million in pending property claims. The New York City Police Department likewise awaits more than \$22 million in cash seizures. Clearly, the federal government must

make more expeditious payments if we are to maintain the intensity of our drug enforcement efforts.

The federal government should reimburse states for the incarceration of illegal aliens and 'Mariel Cubans'.

Another issue of concern involves the incarceration of illegal aliens convicted of felony offenses, many of whom are convicted of drug offenses. Over 2,500 persons incarcerated in New York State prisons are illegal aliens and 'Mariel' Cubans. Although some federal reimbursement is received for 'Mariel' Cubans (approximately 10 percent of the cost of incarceration), none is received for the incarceration of illegal aliens. These inmates cost New York State approximately seven million dollars per year. The federal government should provide full reimbursement for their incarceration. In the interim, costs could be reduced following passage of proposed State legislation which would provide for the release of these inmates to the U.S. Immigration and Naturalization Service (INS) for deportation upon due notification of the District Attorney and completion of the inmate's minimum sentence.

ATTACKING MAJOR DRUG TRAFFICKING ORGANIZATIONS

Statewide Organized Crime Task Force

The Statewide Organized Crime Task Force (OCTF) has made significant strides in the effort to destroy major drug trafficking organizations. The involvement of organized crime in the drug trade is prolific. In fact, the large supply of narcotics in the United States is largely attributable to the activities of high-level criminal organizations. Investigation and prosecution of these organizations is complex and requires significant resources. The Statewide Organized Crime Task Force has met that challenge and

succeeded in the prosecution of some of the most culpable drug offenders. In December 1989, OCTF began prosecution of the Colombian "Cali" Cartel. The investigation has resulted in large drug seizures and a number of indictments of traffickers involved with the Cartel.

Money Laundering

Money laundering is the process by which the proceeds of crime are converted into legitimate financial instruments to escape detection. It is integrally connected with drug trafficking and organized crime. The investigation of this area of drug trafficking received some statutory assistance in 1990 with the enactment of Chapter 154 which designates money laundering as an offense for which a court may issue an eavesdropping warrant. The use of electronic surveillance in this area will facilitate the prosecution of those involved in organized drug activities.

Additional legislative action was taken to reduce the profitability of the narcotics trade by regulating money transmittals. This legislation strengthens existing money laundering prohibitions by making it a felony to engage in unlicensed money transmission when the amount exceeds \$10,000 on a single transaction. The legislation also makes it a felony to participate knowingly in transactions or sales in which the money is the result of criminal conduct.

The complexity of high-level narcotics trade requires a collaborative response from government and the banking industry. In December 1989, the Governor responded to this need by appointing a Crime Proceeds Strike Force under the direction of the Attorney General's Office. The Strike Force, which includes law enforcement, the Banking Department and the Department of Tax and Finance, is charged with investigating and facilitating the prosecution of civil and criminal allegations stemming from money laundering. The nucleus of the Crime Proceeds Strike Force has begun operations. Strike Force investigators have begun in-depth investigations into suspected money

laundering and illegal money transmitting operations. New York State has become the third state to enter into a memorandum of understanding with the United States Treasury Department which allows access to all currency transaction reports filed by New York financial institutions. The Strike Force is negotiating with the Financial Crimes Enforcement Network (FinCEN) in an effort to become the first non-federal law enforcement agency to be provided access to FinCEN data files.

1991 Priorities

Money laundering laws should be modified to better regulate the transmittal of money, enhance law enforcement 'sting' operations, and improve the investigation of money-laundering offenses.

A licensed money transmitter may operate through unlicensed "subagents" who may become involved in money transmittal without the licensee's knowledge. This makes it difficult for both the regulator and the licensee to be sure that the subagent is acting solely on behalf of the licensee and not laundering money. Legislation to eliminate the authority of subagents to conduct business is recommended in order to ensure that individuals transmitting money have a direct agency relationship with the licensee.

There has been growing concern about the use of financial institutions other than banks for the laundering of money. Money transmitters and check cashers licensed in New York State are required to file Currency Transaction Reports (CTRs) for large cash transactions. It is important that all institutions comply with the federal CTR requirements since these procedures serve as a deterrent to money laundering, assist investigators in discovering suspicious activity, and provide a valuable paper trail for investigating violators. The Superintendent of Banks should therefore be authorized to establish and maintain procedures to ensure that nonbank entities are complying with the reporting requirements.

The State's money laundering law should also be clarified to authorize 'sting' operations. New York State's three levels of money laundering offenses concern transactions involving monetary instruments "which are the proceeds of specified criminal conduct" or "which are the proceeds of the criminal sale of a controlled substance." This language could raise doubts about the feasibility of government 'sting' operations centered on money launderers, since in these circumstances the funds used by law enforcement officers would not literally be the proceeds of criminal activities. Therefore, a technical change is recommended to make the language similar to federal law (18 U.S.C. 1956): "property represented by a law enforcement officer to be the proceeds of specified unlawful activity."

The establishment of a Criminal Investigation Bureau within the Banking Department is also necessary for the Superintendent of Banks to implement statutory mandates concerning money laundering. Although the Banking Department has the expertise to investigate criminal activities by regulated financial entities, it lacks specific statutory authority to conduct proper and complete investigations. The Bureau would effectively assist in the elimination of criminal activity by banking institutions, check cashers, money transmitters, mortgage bankers and licensed lenders. Given that money laundering often involves large amounts of cash connected with drug trafficking and other crimes associated with violence, the Superintendent of Banking should be authorized to designate investigators as peace officers.

CONTROLLING INSTRUMENTS OF THE DRUG TRADE

Drug Paraphernalia

One means of thwarting the drug trade is to develop mechanisms to control the manufacture, distribution and use of illicit substances. The Penal Law provides some control through its

criminalization of the possession or sale of chemical compounds or packaging materials which are knowingly used in the illegal manufacture, packaging, or dispensing of drugs. The law was amended in 1990 to include "vials" and "capsules" among the prohibited items. These amendments also criminalize the possession or sale of scales and balances knowingly used or designed to be used for the unlawful manufacture or distribution of drugs.

In 1989, section 851-A of the General Business Law was enacted, designating the manufacture of drug-related paraphernalia as a Class A misdemeanor. Over the past year, there have been a number of large drug paraphernalia seizures in New York State. These include the arrests of alleged manufacturers in New York City and the seizure, by U.S. Customs agents, of \$1.8 million dollars in machinery and hundreds of thousands of crack vials. Custom agents have also been involved in large drug paraphernalia seizures in Nassau and Suffolk Counties.

Attacks on street-level distribution of drug paraphernalia are often difficult due to the large number of retailers and their ability to absorb the business of those seized. Nonetheless, police throughout the State have responded to complaints of paraphernalia sales and significantly reduced the distribution of such paraphernalia in areas with limited drug markets. The growth of community-policing programs expands the available means through which retail paraphernalia sales may be curbed.

1991 Priorities

New York State should regulate precursor chemicals and equipment used to produce controlled substances.

Coordination between law enforcement and chemical companies would be significantly improved by passage of the Governor's precursor chemical bill. The proposed legislation would require those who engage in regulated transactions of listed chemicals, encapsulating machines and

tableting machines to register with the Department of Health, keep prescribed records and report certain sales to the Commissioner of Health. Passage of the legislation would improve the system's ability to track the movement of substances and machinery which may be diverted into use in the illicit drug market.

The law should be amended to include large-scale drug paraphernalia manufacturing among those offenses for which forfeiture applies.

Although significant steps have been taken in holding accountable those engaged in the manufacture of drug paraphernalia, the designation of the offense as a class A misdemeanor precludes the employment of the newly enacted State forfeiture legislation for the seizure of assets gained through this illegal activity. Yet, the manufacture of drug paraphernalia has been described by Customs Service agents and police as a billion-dollar-a-year industry. Thus, amendments to the law should be undertaken to include this offense among those for which forfeiture applies.

A SYSTEM OF SWIFT AND CERTAIN JUSTICE

A system of swift defendant processing requires advanced communication and information systems, as well as sufficient space and personnel to process cases. Each of these needs has received attention over the past year.

Special Narcotics Courts, Additional Judges and Improved Facilities

The foundations of efficient case processing are personnel and physical space. Over the past year, two additional court parts in New York City and three in Westchester County have been designated as "N" Parts for the exclusive and expedited prosecution of narcotics cases. There are currently seven "N" Parts throughout New York City.

Thirty-two additional judgeships were authorized this year and will be filled over a two-year period. Among the newly funded judgeships are five New York City Supreme Court judgeships, five New York City Family Court judgeships and additional city court judgeships in Mount Vernon, Rochester and Yonkers. Each of the courts was targeted due to its heavy caseload, much of which is attributable to drug offenses and associated social problems.

A long-standing concern in New York State has been the physical deterioration of the courts. As of 1990, all local governments have submitted a court facilities capital-improvement plan as mandated by Chapter 835 of the Laws of 1987. The plan approved for the City of New York includes the construction of 16 courthouses and major renovations of ten existing facilities. New construction and major renovations are also planned in many other jurisdictions throughout the State. Local government has clearly responded in an exemplary manner, and the renovations will certainly enhance the image of the justice system throughout New York State.

Post-Arrest Processing

Among the technological improvements advanced in 1990 is a computer-based complaint-production system developed in Queens and a video linkup program undertaken in Manhattan. The Court Affidavit Preparation System (CAPS) in Queens enables arresting officers to complete the complaint at the precinct rather than having the District Attorney's personnel complete it in the complaint room.

The video modules link between the Manhattan District Attorney's Office, the 32nd precinct of the NYPD and the Port Authority Police Department eliminates the need for police, victims and witnesses to appear at the district attorney's office to provide details for preparation of the criminal complaint. Prosecutors interview the parties to the complaint by video teleconference, complete the complaint and fax it to the police for the

appropriate signatures. Although no formal evaluation of the program has been done, the Superintendent of the Port Authority Police estimates that the program has reduced, on average, the complaint process from 13 to 7 hours. The program has also increased the rate of witness appearances for statements. The Brooklyn District Attorney is also beginning implementation of a video teleconferencing system following a successful pilot effort in 1987.

Recent legislation has also made possible the use of video technology for electronic court appearances. Chapter 894 of the Laws of 1990 authorizes experimental programs of non-personal audio-visual court appearances in Bronx, Kings and New York County criminal court actions. Upon approval of the plan by the Chief Administrator of the Courts, the jurisdictions can provide for audio-video connections between the court and other locations to effect teleconferenced appearances of consenting defendants in certain court proceedings.

1991 Priorities

Acquire digital facsimile transmission equipment to improve fingerprint-based criminal history record transactions and expedite the arrest-to-arraignment process.

DCJS has developed procurement plans for replacing the existing laser and photo-facsimile equipment used by police to send fingerprints for identification and criminal history processing. Digital facsimile equipment has superior operational characteristics and is also more cost-effective. The powerful new digital technology will greatly enhance the quality of images sent to DCJS fingerprint technicians, increase the speed and reliability of image transfer, and minimize the need for re-sending prints to Albany -- thus reducing arrest-to-arraignment paper processing delays.

Systems for electronic court appearances should be developed, with the legislative sunset provision extended to enhance the

willingness of jurisdictions to engage in experimental usage.

The passage of recent legislation providing for the experimental use of electronic court appearances marks a significant step in reducing congestion in the court system. No jurisdictions, as yet, have submitted plans to implement electronic court appearances. The 18-month sunset provision of the legislation, however, may dampen interest in investing in the requisite hardware and program development. An amendment of the sunset provision may be needed to increase the incentive for local governments to explore this avenue of relieving court congestion.

NEW TOOLS FOR CRIME CONTROL

One area where renewed efforts are needed is that of legislative initiatives intended to increase the tools of crime control. The Legislature failed to act on several important bills last session which deserve renewed consideration in 1991.

1991 Priorities

The Governor's Omnibus Anti-Violence Act should be passed in order to, among other things, restrict the possession and use of assault weapons and provide for sentences of life imprisonment without the possibility of parole for certain homicides, including those occurring in the course of drug transactions.

The Omnibus Anti-Violence Act would increase penalties for aggravated assault and certain sex crimes; create the sentence of life without parole for murder; prohibit the possession of unlicensed assault weapons; and increase criminal sentences for bias crimes and for assaults committed by groups or gangs.

The assault weapons provision seeks to place restrictions on the possession of weapons which

have the capacity to fire large quantities of ammunition in a brief period of time without reloading. The violence associated with the drug trade clearly requires controls to be placed on the availability of these weapons. Such legislation is strongly supported by public opinion, with a recent Gallup Poll indicating that 72 percent of Americans polled favor the banning of semiautomatic assault weapons. Although the provision is not a panacea in the fight to reduce violence within New York State, it represents an important element in that fight and one that is widely supported by the public at large.

The life without parole sections of the Omnibus Act would provide the option of sentencing certain homicide offenders to imprisonment for life with no possibility of parole. Among offenses covered in the legislation are homicides which occur in the course of committing criminal sale of a controlled substance or in such a manner as to create a substantial risk of death to others. The proposed provisions provide a clear message regarding the seriousness of such crime and the unwillingness of this State to tolerate the danger to the innocent public posed by violence associated with the drug trade.

Legislation should be passed to enhance penalties for offenders who target youths as purchasers or distributors of illegal narcotics.

Removal of the restriction on a buyer's age in the Drug Sales Near School law is necessary to enable effective enforcement of the law. Currently, there is an enhanced penalty for selling drugs to a person under 19 within 1,000 feet of a school. Since undercover officers are 21 or older, the enhanced penalty does not apply when drug dealers sell to these law enforcement officers in the vicinity of schools, thereby defeating the purpose of the law.

In addition, there are enhanced penalty clauses of this legislation which would classify as C felonies the knowing and unlawful sale of a controlled substance to a minor and the

employment of a minor in the manufacture or distribution of controlled substances. Minors are particularly vulnerable to criminal drug activities due to their immaturity and lack of forethought. They need and deserve increased protection from the dangers of the drug trade. Those who sell drugs to youth or encourage their participation in the distribution chain violate the rights of children to live and thrive in healthy environments. The gravity of these offenses calls for more severe sanctions than for similar crimes involving responsible adults.

PROTECTING THE INTEGRITY OF OUR COMMUNITIES

Protection of a community from intrusion of the drug trade is enhanced by reducing a community's vulnerability to crime, arresting criminals and closely supervising offenders released back into the community. Each component of this law enforcement strategy is integral to effective control of the drug trade.

Policing Strategies To Disrupt the Drug Trade

Communities beset by the drug trade have many common features which leave them vulnerable. They include, among others, a high density of single persons and juveniles, a large number of single-parent households, a high poverty rate and significant unemployment and environmental vulnerabilities such as poor lighting and numerous through streets, abandoned structures, and areas of poor visibility. Law enforcement in some areas of the State has been at the forefront of efforts to address these characteristics constructively through problem-solving and community policing. These efforts are discussed in detail in the prevention section of this report.

Saturation policing programs provide another response to the drug crisis. In response to the needs of local law enforcement, the State Police

has begun operation of its Community Narcotics Enforcement Team (CNET). The 60-person unit consists of four regional teams of officers specially trained in narcotics enforcement. When fully implemented, CNET will be staffed by 90 members deployed among the four regional teams. The teams target heavy narcotics areas at the invitation of local law enforcement and employ street-level undercover operations to arrest both sellers and purchasers of narcotics.

CNET was established at the request of many local law enforcement agencies. Local agencies are often hampered in their ability to conduct undercover narcotics operations due to staffing limitations and the likelihood that local officers are known within their communities. The State Police can provide the requisite expertise and shift officers among communities, thus minimizing the probability that undercover officers will become known to narcotics offenders.

The State Police have also applied to the National Institute of Justice for a problem-solving policing grant, a component of which would fund an "aftercare" program for areas targeted by CNET. Problem-solving policing experts from the State Police and the School of Criminal Justice at SUNY/Albany would be made available to local law enforcement as a follow-up to CNET saturation. The policing experts would work with local law enforcement to identify and address the factors which catalyzed the initial incursion of the drug trade into the community.

One goal of programs such as the Tactical Narcotics Teams (TNT) in New York City and the CNET program of the State Police is to achieve large volume arrests of suppliers and purchasers of illicit narcotics through undercover buy-bust operations. In 1989, over 23,000 drug arrests in New York City occurred as result of TNT operations. Most TNT arrests were crack-related and felony class B offenses. The TNT program is currently under evaluation by the Vera Institute, with results expected in June 1991.

Intensive Supervision and Offender Drug Testing

Most offenders incarcerated for drug and other offenses are eventually released. Drug-using and addicted offenders provide a significant challenge to the criminal justice system due to their likely propensity to recidivate. A three-pronged approach has been initiated by Parole to deal with drug offenders. It includes drug testing of suspected drug users, mandatory drug treatment upon repeated positive drug-test results and intensive supervision including the use of electronic monitoring. During fiscal year 1989-1990, Parole conducted over 53,000 drug urine tests. As part of its Relapse Prevention Program, Parole will train officers to identify drug-related problems and utilize dedicated treatment slots in select localities.

Throughout New York State, drug-dependent probationers are supervised by one of 58 local probation departments. The decentralized nature of the system requires the development of a program information base in order to assess current and future directions and needs. This year, DPCA completed an extensive survey of drug-related programs and policies of the local probation offices which will be used for the development of program guidelines.

One promising probation-based treatment program is the Substance Abuse Verification and Enforcement program (SAVE) begun, in 1989, by the NYC Department of Probation. Offenders are selected for the program based on their drug-use histories and provided with intensive supervision and drug abuse treatment services. The availability of substance abuse specialists in the Probation Department significantly enhances the agency's ability to assess treatment needs and provide required services.

1991 Priorities

A continuum of penal sanctions which includes sufficient supervision, punishment and treatment appropriate for repeat, non-violent

drug-involved offenders should be made available within the community.

The mandatory incarceration of repeat offenders in New York State reflects a belief that such offenders require a degree of punishment and supervision which is unavailable in the community. Yet, the incarceration of repeat, non-violent drug-involved offenders does not always represent an optimal sanction. A range of sanctioning options is needed, including combinations of incarceration, transitional residences, intensive community supervision and punishment. The establishment of day and evening reporting center programs represents one means of enhancing the supervision of and service delivery to drug dependent offenders and their families. The public needs to be convinced that these options provide sufficient punishment and security, while benefiting the community through reduced costs, community service and offender rehabilitation.

Basic probation services should be strengthened through guidelines for handling drug-dependent offenders, drug testing systems and a gradation of responses to positive tests, including mandatory drug treatment.

A first step in the development of enhanced community penalties and supervision is the improvement of probation's ability to handle drug using and addicted offenders. There are currently over 125,000 persons under probation supervision throughout New York State. The classes of offenses showing greatest growth are those involving drugs. Between the years 1984 and 1989, annual drug conviction commitments to probation increased by 184 percent, rising from 4,210 in 1984 to 11,938 in 1989. During the same period, the number of drug offenders under supervision increased from 9,870 to 29,026. DPCA conservatively estimates that over half of the probationers statewide are drug abusers, while in New York City the estimate is two-thirds.

Among the most prominent needs of probation are the development of uniform procedures for handling drug dependent offenders, the implementation of urine drug testing systems and the development of a gradation of responses to positive urine tests, including the procuring of guaranteed treatment spaces for addicted probationers. Local probation practices vary widely and only some have procedural guidelines relating to drug-dependent offenders. The absence of a written policy increases the likelihood that drug-dependent offenders will not receive optimal supervision and treatment. Thus, the experiences of probation departments, to date, should be synthesized and used to develop policies and procedures for the detection and handling of drug-dependent offenders throughout New York State. With respect to drug testing, in particular, minimum standards should be issued which ensure a legally consistent chain of custody, privacy and confidentiality, graduated responses to positive test results, and systematic documentation of violations of probation conditions.

Multi-service reporting centers should be established to enhance the supervision of drug-involved probationers and provide them with treatment and other services vital to rehabilitation.

Even when treatment is available in the community, effective assistance to probationers is often limited by their uneven use of "treatment" plans. Probation officers may notify probationers of the availability of various services and courts may mandate that probationers participate in those programs. It is more difficult, however, to affect probationers' treatment efforts and interactions with the service providers. The establishment of reporting center programs would bring these services to the probationer and afford greater control over their usage. Through a combination of increased contact surveillance and comprehensive service delivery, the reporting center is designed to reduce the opportunity for continued criminal behavior and influence probationers to lead law-abiding lives. Participants would engage in a

rigorous regimen of daily activities aimed at reducing idle time, increasing skills, addressing substance abuse problems and improving the integration the offender into the community in productive ways. Staff from other service areas, such as housing, employment and drug treatment would be assigned to the reporting center to respond to the needs of the probationers. The program should maintain evening hours to improve the supervision of some probationers and make services accessible to probationers with daytime commitments.

TAKING THE PROFIT OUT OF THE DRUG BUSINESS

Assets Seizure and Forfeiture

One of the most significant legislative actions this year was the passage of Chapter 665 of the Laws of 1990 which significantly amends the assets forfeiture statute in New York State. The new statute, which became effective November 1, 1990, enables law enforcement officials to seize the assets offenders use or acquire through their crimes. The measure authorizes the forfeiture of real property as an instrumentality of crime in certain drug offense cases and adopts a more equitable distribution of proceeds of a forfeiture action.¹ Cash found near narcotics is generally presumed to be the proceeds of illegal activity. The new law also provides that forfeiture proceedings can be initiated as part of a criminal action in felony drug cases, rather than requiring a separate, cumbersome civil proceeding.

In keeping with its role in assisting the law enforcement community with implementing new statutory obligations, the Division of Criminal Justice Services (DCJS) has undertaken a number of educational efforts. A segment on the new assets forfeiture statute has been incorporated into four executive development seminars for command-level police officers, scheduled throughout New York State, to help familiarize police agencies with

the new statutes and answer any questions. An article on the new assets forfeiture statute was published in the Division's Criminal Law Review, and a mass mailing introduced the new forfeiture reporting requirements established by the legislation to the law enforcement community.

Tax Fraud Prosecutions

Prosecution of drug and organized crime offenders on charges of tax fraud provides another means of penalizing these criminals. The Revenue Crimes Bureau of the Department of Taxation and Finance plays an important role in that process. The Bureau has investigated allegations of tax fraud at the request of New York City and Long Island prosecutors and has participated in other investigations as liaisons with the Organized Crime Task Force and the Crime Proceeds Strike Force.

1991 Priorities

DCJS must establish the capacity to track and analyze forfeiture revenue data.

Among the important changes affected by the new forfeiture law is the requirement that certain aspects of federal and State forfeiture actions be reported by law enforcement to the Division of Criminal Justice Services. DCJS is statutorily obligated to prepare an annual report analyzing the disposal of property forfeited. State-local collaboration will be required to compile and analyze the forfeiture data.

The judiciary should be encouraged to impose substantial fines in appropriate cases upon conviction of serious drug offenses.

The Omnibus Criminal Justice Law of 1989 (Chapter 338) authorized judges to impose increased fines for drug dealers. This legislation raised the upper limit from \$5,000 to \$15,000 for Class C felonies, \$30,000 for Class B felonies, \$50,000 for class A-II felonies and \$100,000 for Class A-I felonies. These provisions became effective in November 1989. However, it appears

that no fines have been collected, to date, pursuant to Chapter 338. The absence of fines in serious drug cases may be due to underutilization of the statute or defendants' lack of resources beyond those seized through forfeiture. A review of the provisions for fines should be included within judicial education programs.

USER SANCTIONS

A common theme articulated throughout the criminal justice system is the need to broaden the scope of available sanctions for drug offenders. The system is often criticized for ignoring first-time offenders and then moving them abruptly into state incarceration upon commission of subsequent offenses. Thus, efforts have begun to increase the scope of available and appropriate sanctions for offenders charged with illegal drug possession.

A number of sanctions, such as community service, day fines, forfeiture of vehicles and mandatory treatment of drug dependency are utilized with minor drug offenders. The Division of Probation and Correctional Alternatives has actively encouraged the use of community services in drug cases and is engaged in the development of related guidelines. DPCA is also working with the Vera Institute to develop legislation to facilitate the implementation of day fines on a statewide basis. Day fines, which are used widely in Europe, enable courts to adjust financial penalties based on the seriousness of the offense and the defendant's ability to pay. Current fine maxima will need to be removed in order to effectuate the equitable use of day fines for offenders with greater financial means. This system has the potential to augment the imposition of fines and generate increased revenue.

The diversion of drug-dependent offenders from the criminal justice system is the objective of the newly established Brooklyn District Attorney's Drug Treatment Alternative Program. The program represents an innovative and comprehensive initiative which serves to divert into

treatment, prison-bound, class B felony drug defendants. The treatment consists of a 45-day detox period at Rikers Island (to be made available to half of the participants) and approximately 18 months of residential drug treatment. Defendants who complete the program will have their cases dismissed, while those who abscond will be vigorously pursued for prosecution. The program also includes a research component designed to facilitate study of the correlation between participant characteristics, program elements and treatment outcomes.

Among the successful legislative initiatives this past session, in the area of user sanctions was the passage of legislation providing for an alcohol-awareness program as an option for youth who violate the alcohol purchase and possession law. The law provides for an alternative sentencing (or adjournment) option for youths under 21 charged with an alcohol-related misdemeanor except that of a DWI offense. The Director of DAAA is required, by the legislation, to develop a program not to exceed eight weeks. The program, which is still in the planning stage, will be available for pilot use in early 1991.

Vehicle seizure remains an important component of user sanctions. It often occurs in conjunction with buy-bust operations such as the TNT initiative in New York City. For example, over the last three years, the Narcotics Division in New York City seized approximately 2,000 automobiles. In the past, many seizures were adopted by federal law enforcement authorities under the adoptive seizure provisions of the federal law. The vehicles were routinely turned over to the seizure agency pursuant to the equitable sharing provisions of the federal forfeiture statute. Enactment of the New York State forfeiture legislation, however, will obviate the need to employ federal law in assets forfeiture.

1991 Priorities

Legislation should be passed to increase the breadth of available user sanctions, including

the suspension of drivers' licenses for offenders convicted of drug offenses.

One user sanction not utilized in New York State is the suspension of the driver's license of a motorist convicted of a drug offense. Recent action by the federal government seeks to compel the states, upon the threat to withhold a portion of highway aid, to adopt legislation requiring the restriction of driving privileges following conviction or juvenile adjudication for any drug offense. Effective October 1, 1993, the Secretary of Transportation will withhold five percent of specified funds -- the amount would rise to ten percent two years later -- unless New York State meets the following requirements: the State must enact and enforce a law that requires in all circumstances, or in the absence of compelling circumstances warranting an exception, the revocation, or suspension for at least six months, of the driver's license of any individual who is convicted of any criminal offense involving drugs. In addition, a delay in the issuance or reinstatement of driving privileges must apply to an individual who is unlicensed or whose license is suspended at the time of conviction.

It is likely that many members of the Senate and Assembly will consider this approach as an inappropriate intrusion on state sovereignty. Although the measure includes an 'opt-out' provision which requires an affirmative act by both houses of the Legislature and the Governor, adoption of this sanction is recommended.

Legislation should be enacted to make license suspensions mandatory for drug-related convictions, as well as juvenile and youthful offender adjudications. Absent compelling circumstances, the sanctions should extend for a period of one year or until a youth attains the age of 19, whichever is later. Restricted or conditional driving privileges should be authorized. Participation in an education or treatment program should be mandated prior to relicensing. Successful completion of a certified program would result in restoration of driving privileges within six

months instead of one year. Stiffer penalties should be specified for offenses involving possession of controlled substances while actually operating a motor vehicle. Finally, the sanction should be applied to underage alcohol violations, as well as drug offenses. Passage of this legislation is key to the effective development of user sanctions in New York State.

It is noteworthy that the federal government also has taken significant steps in effecting user sanctions through authorization of judges to deny federal benefits including grants, contracts and loans to those convicted of drug offenses. Safety-net programs such as social security, health and disability, and veterans benefits are exempted. The State should move on a parallel track with legislation to place professional licenses in jeopardy and deny selected governmental benefits to drug offenders.

The law should be revised to allow local jail inmates to be referred for drug and alcohol treatment.

Currently, an inmate must be sentenced and have served at least six months of incarceration to be eligible for temporary release. Most local correctional inmates, however, serve shorter sentences, precluding their participation in furlough programs. This restriction unduly limits the inmates' opportunities to participate in community-based drug treatment. The law should be revised to afford opportunities for furlough to drug treatment for drug-dependent inmates serving less than six month sentences of incarceration.

THE ALCOHOL AND DRUG-IMPAIRED DRIVER

Drug Recognition Expert Training

Effective intervention with alcohol and drug-impaired drivers requires both detection of their substance abuse and mandatory treatment for those

who are drug dependent. The State Police and Bureau of Municipal Police have undertaken an ambitious Drug Recognition Expert (DRE) training program. Since January of 1990, there have been eight Impaired Driver Recognition programs and two Impaired Boater Recognition programs offered around the State. These programs have been made available to police, prosecutors and the judiciary. The training programs have been promoted through seminar presentations at meetings of the judiciary and local prosecutors.

The DRE training program begins with a field assessment of the extent of the drug problem within the locale. Upon selection of a training site and suitable candidates, training commences with a 16-hour introductory training program. Students learn clinical signs of drug impairment, methods to measure suspect's vital signs indicative of drug-use status, and the 12 steps of the drug-evaluation process. A second seven-day training program provides more in-depth knowledge of and experience in the drug evaluation process. At the close of the second training module, the student becomes eligible for certification. Here, the student conducts, under direct supervision of a certified DRE instructor, evaluations of suspected drug impaired drivers. The evaluations are conducted at various local sites. Tests reveal that police officers have demonstrated over 92 percent accuracy in determining the presence of impairment and classifying the drug causing that impairment.

Enforcement Efforts

The New York State Police has continued its emphasis on detection of impaired drivers through its DWI checkpoints program. The 1990 arrests stemming from such operations exceed those of a similar period in 1989. The trend of increased DWI arrests is also reflected in felony DWI arrests statewide, with an increase of 41 percent between the years 1984 and 1990. During the same time period, misdemeanor DWI arrests decreased by 5.3 percent, indicating either a shift toward repeat offending or more stringent charging practices on the part of the police.

Although arrests statistics are one indicator of DWI enforcement, they are driven by police resources and thus may not be reflective of the actual rate of DWI offenses. One statistic which provides some insight into this issue is the ratio of DWI-related fatalities to all motor vehicle fatalities. This ratio provides information on DWI activity, while indirectly allowing for changes in driving patterns such as increases in vehicle miles driven and the use of protective seat restraints. Between the years 1985 and 1989, the proportion of fatalities that were DWI-related decreased from 36 to 32 percent. Although not dramatic, the decrease has been consistent suggesting a positive trend in reduced DWI activity.

The STOP-DWI program has continued to provide extensive revenue support to local DWI enforcement and related efforts. Program budgets for 1990 total approximately \$23 million, an increase of over 200 percent since the first full year of the program in 1982.

The addiction screening of those convicted of impaired driving offenses is currently under study by DPCA. The Division has begun development of uniform screening and evaluation programs throughout New York State.

1991 Priorities

All persons convicted of driving while impaired or intoxicated should be screened for alcohol dependency.

Effective screening and treatment of chemically dependent probationers will clearly help to reduce repeat offending among the probation population. Screening is limited, however, to a select population which has received sentences of probation. Many other driving impaired offenders will exit the system after receiving other sanctions such as fines, conditional discharges, community service sentences and short jail terms. Thus, screening of all driving-impaired offenders requires

that the procedure be initiated earlier in the dispositional process.

Two bills have been introduced in an effort to structure early screening. They include a Governor's bill which would implement mandatory screening and evaluation of all convicted drinking drivers and a bill sponsored by Assemblyman Murtaugh that would require an independent screening assessment of all repeat drinking drivers. The latter mandates evidence of treatment as a condition of reinstatement of a driver's license. Clearly, early screening of all drinking drivers would enhance the protection of society from untreated alcohol-dependent drivers.

Legislation should be passed to make illegal the operation of a motor vehicle while impaired by the combined effects of alcohol and a drug as defined in the Vehicle and Traffic Law.

Unlike other states, New York does not prohibit the operation of a motor vehicle while impaired by the combined effects of alcohol and one or more other drugs. Currently, the law allows for prosecution for driving impairment due to the consumption of alcohol or drugs, but not the concurrent consumption of both substances. This anomaly in the law makes it difficult to prosecute cases in which both drugs and alcohol have been consumed as it is difficult to establish the unique contribution of alcohol or another drug to the overall impairment. Thus, legislation should be passed to allow for the establishment of a finding of impairment based on the combined consumption of both substances.

INTERVENTIONS WITH TROUBLED YOUTH

As with adults, intervention with troubled youths requires effective detection of drug dependence. The Division for Youth (DFY) estimates that almost 60 percent of its recent

commitments have significant substance abuse problems. The agency is piloting a more sensitive and nationally normed screening and diagnostic instrument known as the Personal Experience Screening Questionnaire (PESQ). The PESQ was developed and validated in Minnesota and is also currently in use in Massachusetts and Washington.

Although substance abuse problems are common among youths, many of those involved in the drug trade are not drug dependent. More rigorous interventions are needed to curb their participation. This year has seen increased efforts to establish non-residential programs to closely supervise these youths and address the security interests of the community. The Home Based Intensive Supervision Program recently begun by DFY exemplifies one such effort. The program allows youth to remain in their homes or foster homes while providing them with intensive supervision.

1991 Priorities

The juvenile justice system should make available programs designed to enhance the family's capacity to manage non-violent, drug-involved youths by developing its ability to provide requisite guidance, structure and support.

Drug involvement and juvenile delinquency are frequently associated with dysfunctional family situations. Responses which focus on the family serve to address one of the underlying causes of delinquency, while providing residual benefits to other siblings within the family. The social service system has provided numerous models for the enhancement of families, many of which may be appropriate for the treatment of delinquents within the community. One promising model is the Homebuilders program which has provided intensive social services to families at risk of losing their children to foster care due to negligence. The program begins by helping parents to provide for the physical needs of their children, then proceeds to assist parents in the development of parenting

skills. Needs ranging from housing to drug treatment are addressed by the program. Support services like those provided through Homebuilders, coupled with treatment directed specifically at the delinquent youth, may reduce the need for institutionalization, while enhancing the youth's ability to thrive within the community.

A program should be established to provide treatment to select adjudicated juvenile delinquents through a regimented format of physical exercise and rehabilitation therapy.

The Governor's Omnibus Anti-Violence Act proposes the development of a DFY-based program which combines rigorous physical exercise with rehabilitation therapy. The proposed legislation structures the placement of select adjudicated delinquents into the alternative rehabilitation training center program for a maximum of four months after which time the youth will be released to community aftercare. The program will seek to enhance the youth's perception of self worth and identification with law-abiding behaviors by providing the youth with the opportunity to experience success in non-delinquent activities.

Current efforts to improve our understanding of the involvement of juveniles in drug crimes should be continued and enhanced.

The recent publication, Reaffirming Prevention, provides some insight into the structure of current juvenile gang activity. It describes the often amorphous structure of current youth gangs, and suggests that traditional methods of dealing with organized, socially based gangs are less appropriate today. Clearly, more needs to be known to fully understand juvenile gang activity and its influences on juvenile substance abuse. The Division for Youth will further this objective, through a federally funded research project entitled, "Project Youth Gang/Drug Prevention: A Statewide Research Study." The research will endeavor to describe the nature of gang activity throughout New York State and determine the amount and type of drug-related activity engaged in by these groups.

References
Criminal and Juvenile Justice Section

1. After the satisfaction of liens, claims, and designated priority payments, it allocates 15 percent of the proceeds to the prosecuting agency and 5 percent to the arresting law enforcement agency in satisfaction of actual costs. After the above distribution 40 percent of the balance is allocated to the Division of Substance Abuse Services. Of the remainder, 75 percent is provided for the benefit of the law enforcement agency and 25 percent to the prosecuting agency, for use in investigating and prosecuting penal law offenses.

TREATMENT PROGRESS AND PRIORITIES

INTRODUCTION

Last year's Strategy Report underscored the critical need to expand the existing drug and alcohol treatment system, already the largest in the nation, at an unprecedented rate. That growth is now well under way, as this chapter will elaborate. More fundamentally, this expansion is proceeding apace even as the foundations of the service system itself are being redesigned to respond more effectively to the complex problems of today's clients.

In addition to the critical need to expand services, another major issue discussed in last year's Strategy Report was the need to integrate other health and human services with the drug and alcohol abuse treatment system. The growing pattern of multiple substance abuse and dual-dependency (particularly among those under 35), when combined with the increasingly complex needs presented by today's client calls for a system that is markedly more flexible and elaborate than currently exists. No mean task in itself, the challenge is further defined by the need to remediate life-threatening illnesses which frequently accompany substance abuse, most notably AIDS and tuberculosis. Consequently, a new system is emerging which incorporates medical, psychiatric, and social services to support and augment the rehabilitative services already in place.

The ingenuity and resourcefulness of existing and new providers alike is being stretched as the various State agencies which regulate, certify, fund, and evaluate their programs insist on an integrated approach which minimizes historic gaps in service delivery. The State will not allow substance abuse to be treated as an isolated facet of an individual's life, unrelated to deficits in education, job-readiness, housing, health care or basic economic subsistence.

The principles which ADAC articulated last year continue to guide our substantial retooling and expansion of the treatment system: resources at every level must be fully integrated to achieve the fullest continuum of care; responsibilities across a myriad of governmental jurisdictions and service-specific systems must be shared in order to achieve a rational treatment system driven by client needs; many different modalities of treatment need to be encouraged simultaneously to reflect the responsiveness of different people at different times to different treatment approaches; programs should be located in current and nontraditional settings including co-location at health care facilities, shelters for the homeless, criminal justice settings and centers for job training and other social services, to name a few.

This chapter will unveil a revolutionary transformation of a human services system undergoing rapid expansion. An impressive array of creative treatment programs will be chronicled in brief summaries. Featured prominently will be programs focusing on special needs populations -- women and children; youth; mentally ill chemical abusers; veterans; the homeless; HIV-infected persons; and, of course, the burgeoning prison population.

The ADAC agencies have pursued this ambitious program ever mindful of their statutory responsibility to insure greatly enhanced accountability and program effectiveness. Quality assurance entails rigorous application of performance and program standards, more frequent inspections, and adequate safeguards in certification, licensing and funding procedures. While surely an additional burden to the provider community, these accountability measures are indispensable to responsible growth.

EXPANDING SERVICES

The cornerstone for the treatment recommendations of the 1989 ADAC Strategy Report was the issue of expansion of the various models that are effectively treating drug and alcohol abuse. It was emphasized that the chronic nature of drug and alcohol abuse and the responsiveness of different people at different times to different treatment approaches require a sufficient supply of all types of treatment; that is, emergency, inpatient, outpatient including methadone maintenance, and residential.

Since the release of last year's strategy report, we are able to serve an additional 12,000 drug and alcohol abusers at any given time. This includes over 6,000 additional persons in the DSAS system, 4,500 more individuals in the DAAA system, and more drug and alcohol abusing inmates in newly constructed prison facilities. Thus, we have already attained more than one-third of the growth targeted in last year's Strategy Report. Further capacity will be added by the end of this fiscal year.

The following details will substantiate this impressive progress and relate it to projected gains from further expansion efforts.

SUBSTANCE ABUSE SYSTEM

Having identified capacity expansion as one of its key priorities, the Division of Substance Abuse Services has been aggressively addressing the expansion issue, and since April of 1989, has increased its overall funded capacity by over 6,000 treatment slots. The DSAS residential drug-free system has increased by 554 beds; over 3,400 slots have been added to the ambulatory drug-free system; and the methadone treatment system has been expanded by over 2,400 slots.

In 1990, DSAS expansion efforts intensified with the implementation of an innovative system for

funding substance abuse service providers. The new system formalizes the relationship between resource allocation and policy priorities, client and regional needs, and effective treatment and prevention techniques. It includes a "request for proposal" process and a set of decision rules criteria for screening applications.

In March 1990, a Call Letter was sent to existing and potential service providers. Every effort was made to reach new providers -- particularly those in other health and human services systems. The response was overwhelming. By May 1, over 600 applications had been received requesting \$116 million to initiate or expand treatment and prevention programs. An additional 600 applications were received requesting over \$220 million for renewal of existing programs.

As of October, DSAS had approved 50 applications for new or expanded services. When these slots are added to the expansion completed to date, and taken in conjunction with projects under development, they are expected to yield a total of 5,000 new residential beds, and 10,000 new non-methadone ambulatory slots and 3,700 methadone slots.

Implementation of this approach to funding allocation signifies a major change in DSAS's contracting practices. The new process not only enhances the expansion of the system, it integrates substance abuse services with other related systems, and it increases agency accountability in terms of fiscal control and quality assurance. The agency is currently reviewing what happened this year in an effort to develop improvements for next year.

One of the key recommendations in last year's strategy report was the proposal to develop several treatment campuses serving a total of 2,000 clients, possibly on State or federal properties. They were not envisioned as large monolithic facilities, but rather as communities of smaller treatment providers linked together by core services. The proposal emerged partially in response to the difficulty of siting thousands of new treatment beds

at a rapid pace in face of stiff community opposition and partially in appreciation of the potential for offering a comprehensive continuum of services in one location while maximizing opportunities for staff training and research and evaluation activities. Plans for implementing the treatment campus concept are still evolving. In June, the Legislature approved capital funds for such campuses, but limited the size of each to 300 clients.

Prototypes of campus-based programs are currently under development. In response to the need to offer rehabilitative treatment to the mentally ill chemical-abusing (MICA) population, DSAS and OMH are implementing a joint project. Two residential rehabilitation programs for the multiply diagnosed are under development; one at Harlem Valley Psychiatric Center and the other at St. Lawrence Psychiatric Center. These programs will offer a full range of therapeutic and rehabilitative services for their residents.

Harlem Valley Psychiatric Center will open a 40-bed unit with the potential to expand to 150 beds. They will offer a co-ed, 6-to-12-month rehabilitative residential program for adults, 18 and over, which includes two tracks. Track I is a self-help model which will focus on personal responsibility and empowerment and is integrated with a more traditional substance abuse and self-help model. Track II is a psychoeducational model which is a more traditional mental health program with a substance abuse focus. The program anticipates opening during 1991.

St. Lawrence Psychiatric Center will open a 40-bed unit with the potential to expand to 80 beds. They will offer a co-ed, 6-to-12-month rehabilitative residential program for 18-25 year olds. The program will offer a comprehensive mix of rehabilitative services to assist mentally ill chemical abusers in maintaining abstinence while increasing their ability to function independently in the community. This will be achieved through combining the principles of psychiatric rehabilitation with the relapse prevention and 12-

step approach. The program anticipates opening during 1991.

Each program will strive to reintegrate participants into their home community through reentry teams and linkages to the communities.

A third campus is planned to be located at the site of the Newark Developmental Center in Western New York. As presently planned, the Newark drug treatment campus will focus on three population groups specifically targeted in last year's Strategy Report: adolescents, women with children, and adult mentally ill chemical abusers. Tentative plans call for the participation of five provider organizations, each with extensive experience and an exemplary record of achievement in substance abuse treatment activities.

Individual program components will offer a variety of short and long term residential treatment, education and vocational training, aftercare and specialized services for specific sub-groups. Plans call for 313 adults and adolescents to be enrolled in substance abuse programs on campus. In addition, the campus will be home for 62 children whose mothers will be in the various programs. As this report is being released, an application has been submitted to the federal Office for Treatment Improvement to fund a significant part of the operating costs associated with this campus demonstration project.

One of the novel features of the project will be that all five providers will share certain essential services including a common intake, assessment and referral unit, a medical services component, recreation, security, and educational and vocational services, among others. The providers will set up a new private, non profit corporation which will act as a consortium, and whose board of directors will ultimately report to DSAS. Even if the federal grant is secured, the State will still pay for capital renovations to eight buildings on campus which have been selected for the project, as well as facility maintenance, primary and secondary education and 20% of the operating budget.

Initial meetings with local officials and service providers in the Newark area have been very supportive of the campus proposal.

ALCOHOLISM SYSTEM

Residential alcoholism beds have increased by 527 with an additional 1821 beds proposed for development during the current expansion phase. This latter expansion includes a proposed increase of 324 in the number of State-operated alcoholism treatment beds and an additional 1,497 beds in the non-State-operated system. When the planned expansion of the residential system is complete, overall residential capacity will be increased by more than 50 percent. The ambulatory alcoholism system has increased its capacity to serve an additional 3,962 individuals with an anticipated future increase of another 6,000 for 1991 and beyond.

In addition to the wide range of expansions and new establishments designed for targeted populations, and the ongoing expansion to meet unmet need in many communities, the Division of Alcoholism and Alcohol Abuse has also made an important modification to the existing regulations.

On October 10, 1990, the Division published notification of a proposed amendment to the Outpatient Program Regulations (section 372.4 (d) (2) of title 14 NYCRR) regarding Satellite Alcohol Treatment Locations in the New York State Register. The new amendment provides for significantly more flexibility in the standards for approval of sites to allow for expansion of services in both rural and urban settings by establishing a 2,500 annual visit cap to satellites, improving geographic access in rural counties, and arranging for the co-location of services for special populations in a wide range of urban settings.

During the 1990/91 budgeting cycle, DAAA provided allocations to ten programs to create youth chemical-dependency tracks in adult

outpatient treatment clinics. In total, there are now more than 20 clinics offering youth tracks for chemically dependent youth. In addition to those programs providing youth tracks, there are seven discrete youth outpatient programs.

Alcoholism outpatient treatment capacity has increased by 3,962 in the current expansion phase. This growth, which also represents an increase of nearly 9,000 admissions, represents nearly 40 percent of the targeted increase in last year's strategy report.

MULTI-AGENCY INITIATIVES

Much progress has been made over the past year toward establishing a truly comprehensive and coordinated continuum of care. The key to this progress has been the State's commitment to multi-agency, geographically focused initiatives. The following new programs are models for this approach, and together move the State substantially closer to the systemic goal of achieving a complete and interrelated system of services.

New York/New York

In March 1990, Governor Cuomo and New York City Mayor Dinkins convened a wide variety of State and City personnel to address the problems associated with drug abuse in New York City. At the top of the agenda was the establishment of mechanisms to improve cooperation and collaboration between State and local agencies on initiatives attacking problems of mutual concern.

Five of the ADAC member agencies together with a host of other state and city agencies are working to improve the organization of services to drug and alcohol abusers.

A key component of this effort is "Project Connect," a program for providing coordinated services to pregnant or parenting women who are at risk of drug and alcohol abuse and who live in

one of three designated communities: Bedford-Stuyvesant, Central Harlem, and Mott Haven.

The program is being implemented in two stages, with core services to be in place early in 1991. Core services will include risk assessment, intensive case management, health services, substance/alcohol abuse treatment, foster care preventive services, parenting education, developmental disabilities assessments for children, and child care. It is expected that lead community agencies will be in place at that time. Staff have proposed adding outreach for at-risk populations, substance/alcohol abuse prevention services, 24-hour respite care, child care, housing services, and linkages to educational and vocational services during the second stage of development.

Target Cities

Another major contribution toward the integration of services is the Target Cities initiative. DSAS has been awarded the "Target Cities" grant for a proposal submitted to ADAMHA's Office for Treatment Improvement. Under this grant, states may seek support on behalf of one city where drug abuse problems have reached crisis proportions. In this State, that city is New York -- specifically Harlem and the Bronx -- two of the most severely affected communities in the nation. The project will involve collaboration between the Division and the recently established New York City Office of Substance Abuse Policy, as well as coordination with other State, City, and local organizations.

The objective of this initiative is to develop a comprehensive and coordinated system of substance abuse services in the South Bronx and Northern Manhattan. Under State direction, a central intake, assessment, and referral unit will be created, with multiple points of entry, designed to match client needs with available services dedicated to this project. Approximately 40 providers in the target areas will be linked to central intake through a computer support system. The existing substance

abuse network would also be connected to primary health and mental health services as a result of major systems reform involving State, City, and local entities. Priority populations to be served include pregnant women, adolescents, and MICAs.

ADAC Community Demonstration Projects

The four Community Demonstration Projects initiated by the Governor and Lieutenant Governor in sections of the Bronx, Brooklyn and Queens and the City of Newburgh have focused during their first year primarily on prevention, education and criminal justice strategies. All four CDP's are described in greater detail in the Prevention Chapter. In the process of mobilizing grass-roots community support for the Projects, it has become increasingly obvious to all concerned that a comprehensive approach must also include development of treatment capacity as well. In the three NYC Projects, a growing consensus is being forged to support the siting of necessary treatment programs in their respective communities. In the case of the upstate Newburgh Project, that realization has been present since the outset. Consequently, an active community-led treatment work group of over 50 citizens has strategically assembled the various components of a service plan. They have also visited proposed sites and secured the active support of a majority of the City Council for donating specific parcels of land for potential programs.

At the same time, a senior-level State interagency group has been meeting with the leadership of the local acute care hospital, refining various treatment components that might be assembled at a single site and married with primary health care and ancillary social services. Consideration of this ambitious proposal may lead to the opening of a multi-modality treatment center which would include outpatient, inpatient, enhanced methadone maintenance, AIDS services, central intake, a day alcoholism clinic, a crisis response center, and a Hospital Intervention Service unit all at one location in Newburgh.

In the short-term, two established service providers will increase their outpatient capacity by 110 spaces in the most impacted area of Newburgh, and funds have been given to Orange County to establish an Alternatives to Incarceration Project directly at the County Court which will refer designated offenders to treatment alternatives wherever they may be accessed. Ultimately, all four demonstration projects should lay the foundation for greater community acceptance and even sponsorship of treatment programs as a natural outgrowth of their community organizing activities.

WORKFORCE DEVELOPMENT

One of the major challenges impeding expansion efforts is the acute shortage of qualified treatment staff. As discussed in the 1989 ADAC Strategy Report, substance and alcohol abuse providers have significant difficulties recruiting and retaining staff in existing programs. This problem can be attributed to low salaries, poor fringe benefits, undesirable work environments, lack of promotional opportunities, absence of career ladders, and few opportunities for training and continued education.

Both State agency staff and practitioners in the alcohol and substance abuse field recognize that unless an effort is made to improve salaries and benefits of direct service staff, expansion of the treatment system will be seriously impaired. Drug and alcohol programs have historically been at a disadvantage when competing for qualified staff positions. Low salaries result in the best counselors and clinicians seeking jobs elsewhere. The situation is further compounded by less qualified personnel accepting jobs in the field, receiving experience and training to improve their skills, and then leaving their positions within a year or two for more lucrative jobs in other fields. The resultant high staff turnover is injurious to the quality of treatment programs.

In response to this critical problem, DSAS is currently developing a training and compensation plan for service provider staff that should serve as the foundation for future workforce enhancements. A comprehensive approach to shoring up the system's workforce is being discussed with the provider community. Included in these discussions is the feasibility of implementing a salary enhancement plan for selective titles in the voluntary provider workforce to aid in the recruitment and retention of qualified personnel.

A number of additional developments are currently under way:

DAAA has developed a model program to produce increased numbers of minority alcoholism counselors. In NYC, John Jay College is coordinating a minority outreach program with three community colleges. The program offers intensive support, mentoring and stipends beyond any other financial assistance the students may already receive. The alcoholism course work serves as a specialty area within their human service or health education majors, allowing them to meet the requirements of the alcoholism counselor credentialing process by the time they graduate.

Legislation will be proposed this coming session that would expand the State Health Services Corps to offer health care scholarships in return for a commitment to work in state-operated alcoholism facilities and with voluntary providers under contract with either DSAS or DAAA. In response to the growing shortage of services for high-risk pregnant women, the bill would also expand the Corps to include obstetricians in training and family practitioners with training in obstetrical services. Municipalities would be empowered to establish Public Health Service Corps of their own to meet similar needs on a local level. Collectively, these proposals should assist drug and alcohol treatment providers to expand and develop new services in areas where health personnel shortages are most evident.

The Department of Rehabilitation Counseling at New York University trains staff for community-based substance abuse programs. NYU recruits and trains students in a two-year Master's Degree program in Vocational Rehabilitation Counseling, which incorporates placement of candidates in DSAS-funded treatment programs during the course of their studies and upon graduation.

DAAA completed a study of the workforce in the alcoholism field, and through surveys and regional workgroups identified issues critical to the recruitment, retention and quality of the staff. As part of the study, the credentialling process was reviewed, and after careful consideration it was decided that shortages in the workforce dictated retention of the one year work experience qualification in order for a candidate to become eligible for the credentialling exam.

In recognition of ADAC's goal to integrate health and human service systems with drug and alcohol treatment, extensive cross-training of administrators and staff alike has been pursued to increase their knowledge of other client needs, resources available from allied service systems, proper referral procedures, and concurrent programming opportunities. Similarly, cross-training has been offered to administrators and staff from other fields, in issues pertaining to drug and alcohol abuse.

An example of these efforts is the cross-training which took place this past year with criminal justice agencies. DSAS initiated such training for New York City Probation officers assigned to work on Intensive Case Management caseloads for substance abusers. Special NYC Family Court diversion staff working with families and state correctional staff working in new annexes for drug abusers have all benefited from a new comprehensive training program for staff within criminal justice agencies.

The Academy of Alcohol Studies, a newly created entity within the Division of Alcoholism and Alcohol Abuse, organizes workforce initiatives,

professional development and credentialling of alcoholism counselors under one administrative umbrella. The Academy is responsible for developing a new standardized competency based curricula to complement existing ones and for providing training, including special projects for cross-training between DAAA and staff from other systems.

The "Primer on Alcoholism and Other Drugs", a 12-hour training series developed under Academy auspices, targets a wide array of health and human service staff, increasing their awareness of alcohol and other drug abuse among individuals they serve who should be referred to treatment. A pilot adaptation of this Primer is being tried by the Syracuse Department of Health for its community health workers, and is being considered for use in the ADAC Community Demonstration Sites.

The State University system is also expanding substance abuse curricula throughout their college campus degree programs. Teleconferencing has been used to train dormitory managers in assessing and referring substance abusers.

Relapse prevention among drug and alcohol abuse counselors themselves has been addressed through the formation of consortia of provider agencies which offer EAP counseling and referral services.

The opening of the Harlem Valley and St. Lawrence drug rehabilitation campuses, being jointly developed by DSAS and OMH, could offer alternative employment opportunities for staff reinvested from these OMH facilities. Over the past few years OMH has intensified training both at community mental health agencies and State psychiatric centers to address the needs of the dually diagnosed mentally ill chemical abusers (MICA's).

SITING OF DRUG AND ALCOHOL TREATMENT FACILITIES

Critical to the success of expansion efforts is the ability to locate acceptable sites for drug and alcohol treatment facilities. It is just as essential to address the lack of suitable sites as it is to respond to the lack of qualified personnel to staff those sites. Regrettably, the problem of locating programs may be even more difficult to solve. Compared with staffing, siting is not only costly in dollars and commitment, it requires cajoling and convincing reluctant local officials and their constituents that a proposed treatment facility is needed and suitable for their specific neighborhood.

The 1989 Strategy Report identified the problems associated with siting drug and alcohol treatment facilities as one of the largest obstacles to the expansion of treatment capacity. The "Not in My Backyard" (NIMBY) syndrome reflects a growing community opposition to a variety of programs designed to house physically and mentally impaired individuals within the community in the least restrictive environment possible. Community-based treatment is particularly vital because those in treatment need all the support they can get from their families, friends, co-workers, clergy, etc. -- in short, from the members of their own community. Moreover, it has been demonstrated time and time again that treatment centers are good neighbors and that those in treatment are far less inclined to inflict harm on themselves or their neighbors than the untreated abusers who often prowl the neighborhood for drugs or drug money.

The Strategy Report is probably best known for its recommendation to dramatically expand treatment capacity with an ultimate goal of providing treatment on demand. Recognizing that community opposition to treatment expansion stands in the way of this goal, the report offered multiple strategies to help overcome or circumvent that opposition, including the development of large

treatment campuses, an expansion of the settings utilized for treatment (including hospitals, homeless shelters, and parole offices), public education efforts, the use of State and federal property, and providing localities with financial and other incentives.

The past year has seen progress on several fronts. Most importantly, as noted earlier in this chapter, the alcohol and drug treatment systems have expanded significantly during 1990. Moreover, some of that expansion has occurred as a result of co-locating in other settings, improved public information efforts, and simply standing firm in the face of local opposition. The Governor was also successful in persuading the Legislature to agree to the development of treatment beds in residential campus settings. As discussed above, three such campuses are being developed currently, using underutilized State facilities.

FOCUSING ON SPECIAL POPULATIONS

A major focus of the ADAC Strategy Report was the need to develop targeted programming efforts for high-risk and special-need populations. These populations include women, pregnant women and women with young children; chemically dependent youth; mentally ill chemical abusers (MICAs); the homeless; veterans, particularly Vietnam era veterans; and persons with AIDS.

As pointed out in the Strategy Report, these groups have difficulty accessing alcohol and drug abuse service for a variety of reasons. To address their needs, it is apparent that innovative program models must be developed. These models might include new service components. More importantly, multiservice program models must be designed to meet the multiple needs of high-risk, hard-to-reach populations. For these groups, it is important to recognize that increasing current service levels may not be the entire answer.

Women and Children

Women, pregnant women, and women with young children have been identified as special populations with special needs. Women often cannot obtain services in the traditionally male-oriented alcohol and drug abuse systems. The additional stigma experienced by female alcohol and/or substance abusers also reduces the probability that they will seek treatment. This stigma is especially strong for pregnant women and women with small children since they may perceive themselves and be perceived by others as having failed in their societal role as a mother. These women may also face the possible loss of their children if they enter treatment. Finally, for those women who do enter treatment, traditional services may not be responsive to their needs.

Young children of alcoholic or substance-abusing parents are at particular risk for both immediate and long-term problems. Alcohol and drug use by a pregnant woman can result in birth defects that may result in a lifetime of learning disabilities and functional problems. Young children reared in a household with an alcohol and/or substance abuser are more likely to experience a variety of difficulties in life, including becoming alcohol or drug-dependent themselves.¹

In order to address these barriers and meet the unique needs of these groups, a wide range of services is needed. Alcoholism and substance abuse treatment programs need to offer enhanced services; and new multiservice models need to be developed to identify women and their children in need, to successfully refer these individuals and to offer an appropriate treatment regimen.

Family Support Communities

With capital funding in the 1990-91 budget, DSAS and DAAA have been developing an innovative multiservice model for alcohol and substance-abusing pregnant women and women with

small children. Under this model, treatment centers will combine drug and alcohol treatment with family support services ranging from housing, to training and skills development, to health and child care. The model will also work with children, providing necessary educational, developmental, health and alcohol/substance abuse prevention services. The Family Support Communities will offer a continuum of treatment services designed to keep the family unit intact while providing needed prevention, early intervention and treatment services for adult women and their children.

DSAS and DAAA have been authorized to establish at least eight facilities (6 upstate and 2 in New York City) with capacities of up to 75 beds in upstate facilities and 125 beds in NYC. Rules and regulations for the operation of these programs are currently being developed by DSAS in consultation with DAAA, SED, DSS, and other appropriate agencies. A request for Letters of Intent has been released for three of these programs and awards are projected for January, 1991.

Ongoing Efforts of the Alcohol and Drug Abuse Service Delivery Systems

Despite the barriers and stigma associated with alcohol and substance abuse among women, the current alcohol and drug abuse service delivery systems do treat women and are striving to serve greater numbers of women, pregnant women and women with small children. Currently, over 275 alcohol and substance abuse programs provide services specifically for addicted women. Most commonly these services consist of discrete women's counseling groups dealing with women's issues; parenting groups or training in parenting skills; referral, case-management and placement services; medical care; and educational services. Other services provided on a less consistent basis include women-only 12-step programs, incest survivors' groups, battered women's groups, and on-site child care. In a typical year in the alcoholism service system, 27,000 admissions are

alcoholic women, and in the drug abuse system, over 20,000 admissions are substance-abusing women.

As a result of historic underservice to women, DAAA conducted a planning process this past year which culminated in the "1990 Report on Special Programming for Women: A Position Paper on Women's Alcoholism Treatment." This report incorporated an in-depth statistical analysis on alcoholism program admissions; a comprehensive annotated bibliography on women, alcohol and other drugs; input from two roundtable discussions which sought the advice from a variety of experts on women's health and human service issues; and a survey of all New York State-certified alcoholism programs.

The report recommended a number of strategies in the areas of intervention programming, treatment program development, training, research and policy. Among the strategies being pursued by DAAA are active outreach, case-management services, co-located services, women-specific screening instruments, and the designation of a women's coordinator.

Alcohol and drug abuse programs also serve pregnant women despite confusion over liability issues, the increased need for health and other ancillary services, and a variety of other concerns including the overall complexity of issues facing women with children and/or an unborn fetus, a lack of adequate physical space, a lack of staff training, and safety concerns about abusive spouses. Many programs providing specialized services to women offer group counseling, parenting skills, case-management, and medical referrals. In a survey of its certified treatment programs, DAAA estimates that approximately 4 percent of alcoholic women of child-bearing age receiving services are pregnant.²

This means that nearly 1,100 pregnant women are receiving alcoholism treatment services each year. While this is encouraging, additional specialized services are necessary.

Many alcoholism and substance abuse programs also routinely provide services to children of substance abusers (COSAs), children of alcoholics (COAs) and other family members. Services provided to these individuals include group counseling, educational services, family counseling, referrals, case-management, placement services, and play therapy. A small number of programs provide day care/nursery services or on-site child care.

Services for Youth

Task Force on Integrated Projects for Youth and Chemical Dependency (TFIP)

In recognition of the diverse service needs of youth and other New Yorkers for drug abuse prevention, education, and treatment, Chapter 812 of the Laws of 1987 was enacted. This law appropriated federal funds made available to the State pursuant to the federal Omnibus Anti-Drug Abuse Act of 1986 to designated departments, offices, and divisions for alcohol and drug abuse prevention. The law also created the Task Force on Integrated Projects for Youth and Chemical Dependency (TFIP) and named as members the Directors of the Division of Substance Abuse Services and the Division of Alcoholism and Alcohol Abuse, and the Commissioners of the Office of Mental health and the Education Department. The Director of the Division of Substance Abuse Services was designated as Chairman of the Task Force.

The Legislature established the Task Force on July 1, 1987 and fixed an expiration date of October 1, 1989. This date was later extended to October 1, 1992 through passage of Chapter 711 of the Laws of 1989.

Unfortunately, there was no provision under the original statute for the transfer of projects from Task Force sponsorship to a lead agency. This made it difficult to realize the original intent of the initiative to establish an incubator for innovative

projects. As more of the TFIP's resources were utilized to administer programs on an ongoing basis, less money was available to foster innovation. The passage of Chapter 380 of the Laws of 1990 permits the transfer of projects to the appropriate lead agencies (e.g., Division of Substance Abuse Services, Division of Alcoholism and Alcohol Abuse, Office of Mental Health, Education Department) to carry out prevention, education, and treatment services to chemically dependent youth including multiply disabled and high-risk youth, and returns the TFIP to its original function as an incubator of model programs.

Outpatient Chemical Dependency for Youth (OCDY) Programs

Research and experience have shown that youth require a continuum of alcohol and drug abuse treatment services that is separate from adult services.³ In response to this need, the Division of Alcoholism, in collaboration with the Division of Substance Abuse Services, has attempted to develop outpatient chemical dependency for youth (OCDY) service models that complement the residential chemical dependency for youth (RCDY) programs currently in existence.

In a report released in March 1990, the Division of Alcoholism and Alcohol Abuse outlined several OCDY models to be pursued.⁴ These models are school-based, school-affiliated and community-based. DAAA is currently drafting joint regulations governing the provision of services for OCDY programs, and these will be reviewed and approved by both DSAS and DAAA. The agencies project that guidelines for the provision of services will be in place by January 1991. Discussions also have begun toward identifying ongoing fiscal support, including Medicaid reimbursement, for OCDY programs.

In addition to the school and community-based models, DAAA, DSAS, DSS, DFY, OMH, and SED are working in collaboration with the Council on Children and Families to develop outpatient

chemical dependency for youth services on existing DSS and DFY child care campuses. Many of the youth within these service systems are at high risk for alcohol and drug abuse. DFY, for example, recently reported that approximately 60 percent of youth screened during intake demonstrate a need for chemical abuse treatment. Foster care facilities indicate that up to 25 percent of their residents are drug and alcohol abusers, and that the parents of three out of every four children placed in foster care are abusing alcohol or drugs.

Mentally Ill Chemical Abusers

There is a general recognition in the literature and among service providers that the number of individuals with dual diagnoses of mental illness and drug and/or alcohol is increasing significantly. Statistics from the New York State Office of Mental Health Patient Characteristics Survey show a rise in presentations of clients with a concurrent diagnosis of mental illness and a substance abuse disability. Mentally ill chemical abusers tend to be particularly frequent users of the mental health system and the complexity of their combined disabilities makes them an unusually difficult population to diagnose and treat. In any case, the mental health, drug abuse, and alcohol abuse systems of care are not sufficiently equipped to respond effectively to the ever increasing number of individuals whose multiple diagnoses cross the boundaries of the three systems. Therefore, collaboration among the three discrete service systems is clearly necessary to deal with the synergistic effects of mental illness and substance or alcohol abuse.

Target Population

OMH generally defines the mentally ill chemical abuser as a person with a diagnosis of mental illness found in the Diagnostic and Statistical Manual (DSM III-Revised) as well as a diagnosis of substance abuse and/or alcohol abuse.

Numerous definitions of the mentally ill chemical-abusing and addicted population have been articulated, and at least two identifiable subgroups have been identified: those who are principally mentally ill, such that when they are detoxified from the substance (alcohol or drugs), there remains a diagnosable mental illness requiring treatment; and those who are principally substance abusers who evidence symptoms of mental illness which are drug-induced and who often access the mental health system requiring assessment and services.

Goals of OMH's MICA Initiatives

The goals of OMH's MICA initiatives are as follows:

- to enable those with a dual diagnosis to manage their symptoms better and to learn, function well and work in the community;
- to ensure that practitioners in the mental health system have all of the training and proper direction they need in order to assess, treat, and access services for the MICA population;
- to expand the number of service options offered to MICA clients in the community regardless of which organization or agency sponsors the service.

The Office of Mental Health has developed initiatives which provide programs, training, and evaluation. Those initiatives can be summarized as follows:

Emergency Services

OMH supports selected emergency rooms and Comprehensive Psychiatric Emergency Programs (CPEP) by enhancing their staff to better serve MICA patients. Emergency rooms offering specialized MICA services are located in

geographic areas where MICA presentations are especially common. OMH supports additional staff in the emergency room with expertise in the treatment of substance abuse and mental illness to carry out assessments, participate in discharge planning and provide referrals to appropriate mental health, drug, or alcohol community treatment programs.

CPEPs are responsible for coordinating the full array of services, including alcohol and substance abuse services, needed by individuals presenting for service. They are required by law to develop affiliation agreements with drug and alcohol providers, and must include staff persons with expertise in the treatment of drug and alcohol problems.

Inpatient Services

Several State-operated psychiatric centers offer specialized MICA inpatient treatment units or MICA day programming for inpatients. Inpatient staff are able to treat this population by receiving special training, and by routinely engaging in consultations with other hospitals regarding the appropriate strategy for clinical interventions.

Outpatient Services

OMH supports specialized MICA outpatient programs as well as the addition of MICA services within generic mental health outpatient services. This is evidenced in the new outpatient regulations, which allow for staffing that includes those with expertise in alcohol and/or substance abuse.

To date, OMH has supported an enhanced MICA Continuing Treatment Program located in the South Bronx. APPLE, primarily a DSAS agency, sponsors a Continuing Treatment Program on the grounds of Creedmoor Psychiatric Center. This program is a joint effort among DSAS, DAAA, and OMH. Through the MICA training sites, discrete MICA outpatient programs have been developed.

In addition, Horizon Human Services, an agency in Buffalo has established a Forensic Comprehensive Outpatient Center to provide intensive outpatient services to multiply diagnosed forensic clients.

Community Support Programs

Residential -- To date, OMH has developed 148 specialized community residence beds for the MICA population with 101 additional beds in planning. These programs are time-limited, transitional programs designed to assist individuals who need structured, rehabilitative settings to address their mental health and chemical abuse problems.

The proposed drug rehabilitation campuses, a joint OMH/DSAS initiative, will offer a residential treatment option for the MICA client. In addition, 800 of the 1,900 certified residential beds that OMH is developing as part of the OMH NY/NY agreement, are expected to offer MICA service enhancements. These enhancements will offer outpatient and community support services to MICA clients residing in these 800 certified beds.

Intensive Case Management (ICM) and Case Management -- Initial evaluation data indicates that 49 percent of those receiving ICM services have drug or alcohol diagnoses in addition to mental illness. By successfully focusing efforts on high-risk groups such as MICAs, OMH hopes to reduce this group's overreliance on emergency room services and acute inpatient care, while at the same time, provide more appropriate treatment environments for these clients. OMH will continue to support appropriate training on MICA issues for all staff participating in case management.

Vocational -- OMH also funds a broad range of employment programs for its clientele, including the large number of mentally ill chemical abusers who go through their system of care. In fact, 27 out of the 50 local vocational programs report

serving MICAs. An example of a specialized MICA vocational program is the North Shore University Hospital's Vocational Rehabilitation Center in Nassau County. Mentally ill clients who have a history of some form of substance abuse and may not otherwise be able to sustain employment in a nonsheltered work environment are individually placed, trained at competitive wages, and supported in a variety of actual work sites with the assistance of the program's expert staff. The focus is on fostering a client's independence through the use of modified vocational rehabilitation techniques and strategies -- and applying them directly in an actual work setting.

OMH MICA Training Activities

OMH has been conducting MICA training both at selected psychiatric centers and at community mental health agencies. A resource manual, instructional video and a "train-the-trainers" program have all been part of these activities. OMH is currently in the process of developing an integrated network of MICA Training Sites as well as establishing a MICA Network prototype in New York City which will involve a host of different state and city agencies and facilities in promoting educational opportunities, data-collection and research for their collective staff.

Task Force on Integrated Projects (TFIP)

As previously noted, the Task Force on Integrated Projects (TFIP) for Youth and Chemical Dependency was created by the New York State Legislature in 1987 to ensure an integrated approach among State agencies to providing prevention and treatment services for youth at risk, chemically dependent youth, and mentally ill chemical abusers.

Through the TFIP, several innovative programs have evolved for MICA youth and adults. These programs range from a modified therapeutic community residence for homeless MICA men to

school-based treatment for adolescents. OMH will have the lead on 7 treatment programs and 5 prevention programs within the Task Force.

The Homeless

The prevalence of alcoholism and substance abuse among the homeless population is well documented.⁵ All State agencies serving this highly vulnerable population understand that remediation of addictive behavior is indispensable to helping an individual progress from the streets through emergency shelters and eventually to transitional and permanent housing solutions. Combining access to housing with necessary supportive services may allow the individual to eventually live independently and is at the core of the approach taken by the State housing and social service agencies.

The challenge for the other ADAC agencies is to achieve an integrative services approach which matches clients with the full array of services they require in order to stabilize, relearn necessary adaptive skills and proficiencies, remediate serious health problems, access financial entitlements and detoxify and/or seek appropriate treatment for their addictions. This needs to be accomplished even while the homeless individual is encouraged to seek basic shelter or supportive housing. The task becomes even more intense when a homeless addicted mother seeks shelter or adequate housing accompanied by children who require yet an additional set of services. This seemingly daunting task is being tackled by the various ADAC agencies with increasing success, although a great deal more clearly needs to be done.

Among this year's accomplishments are:

The Grand Central Terminal Initiative

This inter-governmental, multi-agency, private sector partnership is a component of the "New York/New York" effort initiated by Governor Cuomo in 1989 to promote high level cooperation

between City and State human service agencies. The Grand Central Terminal Initiative involves a host of state and city agencies working together to address the needs of the homeless in the Grand Central area. Outreach teams, an assessment/referral center and a reception center are all components of this special initiative. The agencies will provide access to employment and assessment services, residential placement, drug and alcohol treatment and mental health services.

The reception center will feature a small, safe living unit for homeless men who are resistant to using the existing municipal shelter system. Residents will stay at the center for 45 to 60 days in preparation for placement in other housing. Existing drug and alcohol treatment services will be enhanced and new residential beds will be developed. A 30-bed, discrete inpatient unit will be developed at the Manhattan Psychiatric Center to offer intermediate and long-term care for those who require it. The City's Human Resources Administration has been designated the lead agency in this initiative. The Metropolitan Transportation Authority and homeless advocacy groups and providers are working cooperatively with this special State/City partnership.

Family Shelter Initiative

For homeless families with addicted members, DSAS, DAAA and DSS are working jointly to locate outpatient alcohol and drug abuse treatment on-site at several family shelters. Currently, two treatment providers have initiated programs in two separate shelters, with four more under development.

The Short-Term Assessment and Rehabilitation (STAR) Project

Developed in cooperation with NYC's Human Resource Administration, substance abusers are identified among shelter residents and referred to a special shelter in Greenpoint where a drug-free

therapeutic environment is provided which incorporates HIV risk-reduction, education, and community placement upon program completion. Modeled after a similar assessment/referral program already in operation, this program provides on-site screening, assessment, and cross-referrals for mental health, alcoholism and substance abuse treatment for individuals in NYC's municipal shelter system.

Both DSAS and DAAA have enhanced ongoing activities and programs designed to meet the needs of homeless persons. Over the last several years, DSAS has implemented several programs that serve the homeless:

The HEART Project

A specially designed mobile unit stationed at locations known to be high-impact areas for homelessness and substance abuse where clients are screened, assessed and referred to designated residential treatment facilities and detox services.

The Short Stay Program

A residential methadone program designed to treat polyaddicted homeless patients in downtown Manhattan who are not able to function well in traditional outpatient settings. Most residents find a home here for three to six months as intensive services are being offered.

Residential Programs

DSAS contracts with 19 different community agencies to offer residential treatment to more than 600 individuals. The programs assist individuals to resolve their substance abuse problems, while simultaneously attaining basic life-skill competencies and pursuing vocational training.

DSAS is also assisting its many contract agencies to access various federal funding opportunities, including for example, the award of

capital funds to Argus House in the Bronx to enhance its treatment facility for the dually diagnosed. Similar efforts are made to assist community-based treatment agencies in applying to DSS for funding under the Homeless Housing and Assistance Program and to DHCR for Housing Trust Fund monies for the development of transitional and permanent housing.

DAAA Homeless Efforts

DAAA focuses its homeless efforts on providing access to existing treatment services. In NYC, where the largest segment of the state's homeless population resides, data on admission to alcoholism crisis centers indicate that more than two-thirds of the clients served in the last reporting period were from the homeless population. Other residential services for alcoholism treatment include acute-care detox centers, where one-quarter of the patients were homeless; inpatient rehabilitation programs, where 36 percent of the admissions were homeless; and community residential programs, where 38 percent of the admissions were homeless. Statewide, the homeless represented almost half of those admitted to alcohol crisis centers, 16 percent of those admitted to acute-care detox, nine percent of the inpatient rehabilitation admissions and one-fifth of the community residence admissions.

OMH Homeless Efforts

OMH is also in the process of developing a host of different service modalities for individuals who are homeless and mentally ill, and may also be chemically impaired. Special low-demand community residential programs more suitable for this special needs population are being opened. Outreach teams and on-site clinical programs in shelters and drop-in centers offer another response. OMH has developed a new certified residential program called Service Enriched Single Room Occupancy Residences for homeless individuals who are mentally ill. This will also be a housing option for MICA homeless individuals. Through

TFIP funding, a modified therapeutic community for MICA homeless men is being supported.

Veterans

Of the 131,000 Vietnam era combat veterans currently residing in New York State, approximately 20,000 suffer from Post Traumatic Stress Disorder (PTSD) symptoms.⁶ PTSD is a psychological reaction to a highly traumatic stressful situation. For many Vietnam era veterans, combat was the stress catalyst of PTSD, which can result in depression, rage, alienation, anxiety, flashbacks, and other conditions. The disorder ranges from a one-time event to a long-term, ongoing, debilitating psychological problem.

There is a strong correlation between alcohol and/or drug-related problems and the symptoms of PTSD, which may in turn be related to unemployment, incarceration, homelessness, and other readjustment difficulties that are experienced by veterans, especially Vietnam combat veterans.⁷ This correlation has generally not been recognized either in clinical literature or in treatment programs utilized by veterans. Veterans experiencing readjustment difficulties may be suffering from both conditions. Treatment programs dealing with this population must therefore address both of these conditions.

It is estimated that there are 30,000 to 40,000 homeless veterans in New York State, and that approximately one-third, or 10,000 to 14,000 are heavily involved in alcohol and other drug abuse. This population is in great need of treatment and other support services. For the Vietnam era veteran seeking residential treatment for alcoholism, the choices include short-term care through the U.S. Department of Veterans Affairs or entry into the alcoholism service delivery system. Recent data indicate that seven percent of the individuals served by the alcoholism treatment system are Vietnam era vets.⁸ These veterans comprise an even greater proportion of clients in alcohol crisis centers. Seventeen percent of the

clients in urban alcohol crisis centers and 35 percent in rural crisis centers are Vietnam era veterans. Steps must be taken to insure that the Veterans being served by the crisis centers have appropriate follow-up treatment.

For those in need of residential treatment for other drug abuse, the choices are limited to short-term care such as the U.S. Department of Veterans Affairs (VA) 28-day program or a DSAS-funded long-term therapeutic community (TC). The former option has the limitation of being too short-term, whereas the TC is generally unsuitable because the homeless veteran is older than other clients in TC treatment programs, his experience with armed forces discipline would make a regimented confrontation-type TC approach counterproductive, and the average TC is geared to a treatment requirement of one to two years, an unrealistic length of stay for most veterans.

In New York City, while approximately 3,000 veterans are in DSAS-sponsored residential or methadone maintenance programs, the VA is serving only 100 in drug/alcohol hospital-based program beds. To further the problem, VA budget deficits will be impacting on inpatient beds. One projection calls for a 17 percent reduction during the next decade.⁹

In recognition of the limitations of existing treatment services, and the likelihood that VA services will be reduced, the Division of Veterans' Affairs has recommended that a distinct treatment program for veterans be developed that responds to veterans special needs.

Treatment Services Being Brought on Line

A 50-bed residential program for veterans is under development in the New York City area. Although all veterans will be eligible for treatment, the primary focus would be on homeless Vietnam era combat veterans suffering from substance abuse problems and PTSD. The primary source of clients would be homeless shelters, particularly the Borden

Avenue Veterans Shelter. The shelter system could assist in prescreening candidates and DSAS's HEART and SHARP outreach systems would be the primary referral vehicles. Because many addicts avoid the shelter system, the program will also include a strong outreach component of its own. Additional sources of clients would be the VA system, DAAA outreach and outpatient programs, and the Salvation Army.

The focus of the treatment regimen would be the provision of comprehensive services to address veterans' alcohol and drug abuse treatment needs and PTSD symptoms. In order to participate, an individual must have a sufficiently stable medical and psychiatric status to allow meaningful programmatic involvement. A secondary diagnosis of PTSD would not necessarily be required to be admitted for treatment.

The following services would be activities specific to the proposed veterans' program and would be in addition to the basic treatment program requisites: individual, group and family counseling; structured recreational activities; and vocational rehabilitation. Special services would include: "combat groups" -- led jointly by a mental health professional skilled in PTSD treatment and a combat veteran; stress reduction workshops; and family therapy.

Borden Avenue Veterans Shelter

The Human Resources Administration in NYC has designated the Borden Avenue Shelter as a residence for homeless veterans. This shelter provides services to 400 individuals, at least 60 percent of whom are identified as alcohol and drug abusers. DSAS staff coordinate outreach services to the shelter, linking residents with community-based treatment. These outreach workers also provide evaluation training for shelter staff.

Training Capacity for Provider Agencies

The Division of Alcoholism and Alcohol Abuse is developing a two-day training program on Alcoholism and Post Traumatic Stress Disorder. The program is specifically designed to sensitize alcoholism provider agencies to the needs of Vietnam veterans. However, a broad spectrum of information regarding PTSD will be offered. This will include the effects of PTSD on those who have suffered physical or sexual abuse, crime victims, disaster survivors, and others. This program will be available in January 1991. It is projected that 105 people will have received this training by March 1991.

Self Help Groups

The key to making self-help groups an appropriate treatment modality for veterans is to encourage participation in AA as an adjunct to veteran-specific treatment offered in a separate setting. A useful and successful model to address both the issues of recovery from alcoholism and from symptoms of PTSD is the "Sober Vets" group model, which has been ongoing as a treatment modality at the Albany Veterans Center since 1982.

CRIMINAL AND JUVENILE JUSTICE SYSTEM

The criminal justice system, in both institutional and community settings, often provides the first treatment experience for drug and alcohol-dependent offenders. Each year, thousands of inmates throughout New York are given the opportunity to confront their addictions and begin to break the inexorable cycle of substance abuse and crime. Some spend only several weeks or months in structured programs, as pretrial detainees or sentenced inmates in local jails. Others benefit from longer stints in State facility programs. Virtually all these individuals return to their

communities, where the real challenge of adjustment begins.

Drug treatment options are unevenly available in the local correctional system and the absence of coordination of jail-based treatment with community programs has long been a source of frustration for correctional administrators. For example, the Commissioner of the New York City Department of Correction told the Anti-Drug Abuse Council last year that fewer than one-fourth of the more than 4,000 treatment-ready individuals released from its facilities each year will have the opportunity to participate in a community-based program. Similarly, only 10 percent of the 1989 graduates of the Onondaga County Jail's Substance Abuse Forensic Education Program entered community treatment.

State officials face similar resource constraints. Despite a significant expansion of drug and alcohol treatment services for parolees in recent years, parole officials are unable to ensure treatment on demand for those leaving State correctional institutions.

Common sense tells us that our limited ability to build upon the gains achieved during incarceration is a prescription for failure. State and local policy makers have become increasingly aware of the need to extend the correctional treatment experience into community settings, and have sought additional financial support for such programs. Continuity-of-care has become the byword for correctional programming in the 1990s.

A similar philosophy is evident in the programs operated by local probation departments and alternatives to incarceration service providers. They, too, must supervise and help individuals experiencing a multitude of problems and find themselves constrained by a shortage of treatment options. Nevertheless, many innovative programs have been implemented for offenders under the custody of these organizations.

State and local institutional and community-based initiatives are described below. They reflect a common dual purpose -- an ongoing commitment to public safety and increasing attention to the needs of the offender population.

Institutional Initiatives

New York State Department of Correctional Services

Alcohol and drug abuse is pervasive among criminal offenders. Nationally, alcohol is a factor in more than half of all major crimes and over 70 percent of persons in New York State correctional facilities admit to prior drug abuse.¹⁰ Accordingly, the Department of Correctional Services (DOCS) has made substantial strides in expanding the availability of drug and alcohol treatment for inmates since it began providing these services over 10 years ago.

Alcohol and Substance Abuse Treatment Program

Alcohol and Substance Abuse Treatment (ASAT) programs are now offered at 60 of 63 State facilities. The number of staff positions devoted to ASAT has more than tripled since 1989, increasing from 90 to 280. This will allow a projected total of 21,400 inmates to be served during 1990, more than double the 10,165 served in 1988. Included in the 21,400 figure are those inmates who undergo mandatory treatment as part of the Shock Incarceration program.

An important feature of ASAT programming is that it reflects attention to the special needs of various populations. For example, a program for veterans has been established at the Mt. McGregor facility and the Department is currently completing plans to convert two-thirds of the Taconic Correctional Facility for women to a residential ASAT program. A federal grant to fund enhanced treatment and transitional programs at Taconic has recently been received.

Capital expansion authorized by the Omnibus Crime Control Law of 1989 will further augment correctional treatment capacity. A new 750-bed medium security facility, in which all inmates will be ASAT participants, is being built in Livingston County. This prison and the existing 800-bed Mt. McGregor facility, which will also be used primarily for ASAT participants, will serve as the primary feeder facilities for new 200-bed treatment annexes authorized by the same legislation. ASAT participants are currently being moved to Mt. McGregor, and it is anticipated that the Livingston ASAT facility will be completed in early 1991.

Comprehensive Alcohol and Substance Abuse Treatment Program

The Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program developed by DOCS pursuant to the Omnibus Crime Control Law provides for the continuity of community care that is desperately needed.

Under the CASAT program, the Department provides security, administration, and support personnel at new 200-bed Alcohol and Substance Abuse Treatment Centers. Service providers under contract offer residential drug treatment within some of these prison annexes, while other facilities are programmed by DOCS. The providers also deliver appropriate programs and services for CASAT participants during the community reintegration and aftercare components of the CASAT initiative. The aftercare component will occur during the first year after release to parole supervision.

DOCS has been screening and identifying CASAT participants on an ongoing basis and has transferred participants into the Chateaugay, Butler, Johnstown and Marcy Annexes. Phoenix House has begun treatment services at the Marcy Annex. DOCS staff will provide treatment at the Chateaugay, Butler and Johnstown annexes. Thus, 800 treatment beds have been added to the system

in the past year. Training was completed and programming has been initiated at each of these sites. A fifth annex has been opened, but is not as yet treating CASAT participants.

The Department of Correctional Services has developed plans to conduct a comprehensive evaluation of the CASAT program. Close monitoring and evaluation of CASAT will allow administrators to further refine the program and will hopefully result in even greater returns on New York's investment in correctional treatment.

Shock Incarceration

The Shock Incarceration Program was designed to provide carefully selected inmates who are in need of substance abuse treatment and rehabilitation with a highly structured and regimented program, including considerable physical work and intensive drug rehabilitation therapy. Through November 1990, nearly 3000 Shock graduates have been released back into the community. Their rate of return to prison is equivalent to that of a comparable group of inmates who served longer, non-Shock terms of incarceration. Thus, the program appears to have met its legislative mandate to release successful participants after shorter, although more rigorous, periods of incarceration, without unduly compromising the security of the public. Given the success of Shock in meeting its programmatic objectives, efforts will be made in the coming year to again expand the scope of the program by broadening eligibility criteria.

Local Correctional Programs

Local correctional systems throughout New York are, in many respects, microcosms of the State system. Thousands of drug and alcohol abusers pass through these facilities annually. Several jail-based programs have been established to identify and begin to treat these inmates. However, drug abuse screening, crisis intervention and treatment are currently unavailable in many smaller county correctional facilities and are

generally limited to those institutions with populations of 200 or more.

Compared to State programs, there tends to be more rapid inmate turnover in county operated substance abuse programs, due to the short length of stay that typifies local corrections. In New York City, for example, the average term of incarceration for a local inmate involved in a jail-based substance abuse program is 45 days. Thus, jail-based treatment programs are able to initiate substance abuse intervention, while community-based programs must be relied on to provide long-term treatment.

It is especially critical, then, that jail administrators network with community service providers to promote transition into longer-term structured treatment programs. Clearly, correctional administrators throughout the State recognize this urgent need and are diligently working to access treatment and support services for inmates released from their custody.

For example, the State Commission of Correction conducted a preliminary assessment of jail-based drug abuse services in nine counties this year and found a general lack of aftercare. Subsequently, the Commission coordinated a grant request to the federal Office of Treatment Improvement on behalf of the Suffolk, Orange, Onondaga and Monroe county jails. The request proposed establishment of therapeutic communities within each of these facilities, coupled with the provision of intensive aftercare planning and support services. Unfortunately, the proposal was not funded and several of these counties are exploring alternative funding sources. Furthermore, at least six counties plan to utilize their share of 1990 anti-drug abuse funds to support jail-based programs involving the provision of both institutional and community-based assessment, counseling or treatment services.

Another obstacle to the continuation of treatment upon release of local inmates is the unwillingness of some inmates to pursue and enter treatment.

The initial period of intervention may not be sufficient impetus to continue treatment while in the community. Greater use of split sentences would provide one means of encouraging inmates to continue treatment while under the supervision of probation.

A commitment to ongoing care is the common thread of the two jail-based programs described below.

New York City Department of Correction

The New York City Department of Correction, the State's largest local system, has designed and implemented some creative programs for servicing inmates with drug problems in the City's jails. These programs are absolutely essential in a system where the proportion of inmates using drugs at least once a week prior to arrest approaches 8 out of every 10; where more than 15,000 individuals require methadone detoxification each year; and where it is estimated that half the inmate population has a history of intravenous drug use and 20 to 25 percent are HIV positive.

KEEP, a methadone maintenance program operated in conjunction with the State Division of Substance Abuse Services, serves over 2,000 inmates annually. Approximately three-quarters of these inmates report to community-based methadone programs upon discharge.

In addition, the Department has allocated nearly 1,100 beds for screening, assessment and drug-free treatment services, an increase of over 400 beds in the past year. Planned expansion will augment daily capacity to 1,650 beds in the coming months. The Bibby Resolution, a 384-bed barge for male detainees, which opened in September 1989, is the centerpiece of the program.

The Department has developed an increased sensitivity to the needs of female substance abusers. Over 160 new drug-free treatment beds for women have been created this year with 260 more planned. A 50-bed program providing substance abuse

services and intensive educational programming to male inmates is another recent innovation.

Unlike the KEEP program, where most participants make the transition into community treatment, the availability of external programs is substantially limited for graduates of the Department's drug-free programs. In order to ameliorate this problem, the Division of Substance Abuse Services provided additional staff this year for a centralized placement unit established by the Department of Correction to facilitate inmate entry into community programs and track their progress. Nonetheless, in absence of greater treatment availability within the community, there will remain limited opportunities to build upon the treatment foundation established in the local correctional facility.

Suffolk County Jail

The Suffolk County DWI Alternative Project, which has won a National Association of Counties Achievement Award, is a prime example of a strong correctional treatment program supplemented by intensive community aftercare.

The program serves approximately 30 recidivist drunk drivers, who are removed from the general jail population and housed in a separate facility. All residents are mandated to participate in a rigorous, tightly structured program including individual therapy and group sessions led by psychiatric social workers, probation alcohol counselors, and correction treatment officers.

Participants are screened and approved for this program prior to sentencing and those deemed appropriate are given split sentences in lieu of straight incarceration. In exchange for a reduced term of confinement, individuals must spend three to five years under probation supervision, which ensures their ongoing involvement in treatment.

During the confinement phase, residents meet the field probation officers who will supervise them

after release. A plan is formulated by the correctional treatment team, the officer and the resident, for continuing alcohol treatment and supervision during the probation term. Upon release from the DWI Alternative facility, each resident is expected to have an Alcoholics Anonymous sponsor and is encouraged to draw on community resources as well as the supervising probation officer to assist in maintaining a lifetime commitment to sobriety.

Division for Youth Programs

Approximately 60 percent of the male youths in the facilities of the Division for Youth -- and nearly all of the females -- have been diagnosed as having chemical abuse problems. The drugs of choice are alcohol, cocaine, and crack cocaine. Accordingly, DFY has developed and implemented a comprehensive treatment model for youths within its care. This approach views drug and alcohol abuse within the context of a myriad of dysfunctional behaviors. It requires the integration of treatment with other programs targeting the development of social skills, anger management, moral reasoning, and healthy sexuality.

Drug and alcohol use and abuse services are provided at DFY through two modalities. All youths receive the general prevention program, Innervisions, which is provided through the regular school program. Youths diagnosed with the most acute drug and alcohol problems receive treatment through focused intervention groups. During FY 1989-1990, nine DFY facilities succeeded in establishing focused intervention groups. Five of the programs provide treatment through discrete units, while the remaining four provide treatment services to youths while maintaining them in the general population. It is anticipated that over the next year, between two and four additional units will be established. Training in drug and alcohol abuse treatment has been initiated for DFY community care workers, as well as facility staff.

Although DFY has made significant progress, there are a large number of youths whose treatment needs cannot be fulfilled. Currently, the focused intervention program serves approximately 25 percent of the youths diagnosed as having drug and alcohol abuse problems. Thus, expansion of that effort will need to occur to realize full treatment of all those so diagnosed.

DFY is continuing to pursue ways of maintaining youths within their homes, while providing the necessary services to promote a proper environment for their development. The Home Based Intensive Supervision project and the proposed Homebuilders program represent two efforts to fulfill the youths' treatment and other needs without removal from the home (or foster home). The Home Based Intensive Supervision project provides an alternative to group home placement for eligible youths who consent to the conditions of participation. These youths are placed in their homes or foster homes under intensive supervision. The proposed Homebuilders program would maintain the youth within the home, while providing intensive services to the family to improve its functioning and ability to create a structured, healthy environment for the youth.

Community-Based Initiatives

Division of Parole

The Division of Parole embarked on a multiyear Relapse Prevention Program this year to address the supervision and treatment needs of the estimated 30,000 parolees who have drug or alcohol-related problems. The program entails a mix of ongoing efforts and new service components. Essential elements of this comprehensive strategy include an expansion of dedicated drug and alcohol treatment slots; an extensive urinalysis program; the continued provision of assessment, referral and placement services to parolees by skilled counselors; the provision of relapse prevention counseling services

to recent Shock Incarceration program graduates; limited use of electronic monitoring; and staff development and training to enable parole officers and other agency personnel to understand addiction and undertake effective interventions. Highlights of the past year's initiatives include the following:

- Over 2,500 parolees were evaluated for drug and alcohol problems during fiscal year 1989-90 and referred to appropriate programs by skilled counselors assigned to the ACCESS program, a joint venture between Parole, DSAS and DAAA.
- The 1990-91 budget contains funds to support new drug treatment slots, exclusively for parolees in New York City.
- An estimated 1,330 Shock Incarceration graduates will receive relapse prevention counseling services through the Fellowship Center in Manhattan during fiscal year 1990-91.

The Division of Parole will conduct approximately 250,000 drug tests through urinalysis in 1990-91. This represents a multifold increase over the 53,000 tests performed on 30,000 parolees in 1989-90. Slightly more than half these parolees tested positive.

It is important to remember that Parole's central mission is to ensure compliance with the conditions of an inmate's release and to respond appropriately to parolee misconduct. The Division estimates that three-quarters of parole violations are related to drug and alcohol abuse. The continued expansion of treatment services is necessary to break this destructive and costly pattern.

Probation and Other Alternatives to Incarceration

There are currently over 125,000 offenders sentenced to probation in New York State. Like other criminal justice programs, probation offices

throughout New York State have been deluged with offenders in need of drug and alcohol abuse treatment. For example, it is estimated that more than one-half of probationers throughout the State are drug abusers.

Historically, drug and alcohol treatment of offenders in the community has not been closely integrated into the supervision of the offender. Increasingly, however, criminal justice service providers have sought new models of service delivery which better integrate the treatment and supervision functions. Beginning in the late 1970s, probation alcohol treatment programs (PATs) have placed alcohol-dependent offenders under the supervision of specially trained probation officers. Although alcohol abuse treatment has not been available within probation, per se, the specially trained officers work closely with alcohol treatment specialists to provide continuity of care and supervision. Such integration has been achieved through, for example, the probation officer's involvement in the provision of group alcohol abuse therapy.

The prevalence of substance abuse among today's probation departments has encouraged an even closer integration of services. The intensified integration of services is exemplified by two substance abuse programs which have been developed in conjunction with probation supervision in New York City. The programs include the ISP Drug Testing and Treatment Program and the Substance Abuse Verification and Enforcement Program (SAVE).

Intensive Supervision Program Drug Testing and Treatment Project -- The ISP Drug Testing and Treatment Project was initiated in 1987 to provide drug-based needs assessments, referrals, and short-term counseling to probationers who are seen frequently by their probation officers. Currently serving Brooklyn and Bronx probationers, this program provides group and individual counseling, in-house urinalysis testing, and prevocational services. The project is funded only through

December 1990. Nonetheless, the project provides a model for future replication.

Substance Abuse Verification and Enforcement (SAVE) Program -- Many drug-abusing offenders in probation do not meet the qualification requirements of the ISP program. Nonetheless, their drug dependence places them at significant risk of failure. In response to the needs of this population, NYC Department of Probation began, in 1989, the SAVE program. The model of this city-wide program parallels that of the ISP drug treatment initiative. Offenders are selected based on their drug use histories, placed under intensified supervision and linked with drug and alcohol abuse specialists who are located within the probation department. The probation officer and drug and alcohol abuse specialist work together to develop and implement a supervision and treatment plan for the drug-abusing offender.

The scope of the SAVE program will be expanded in the coming year through introduction of a developmental disabilities component funded by the NYS Developmental Disabilities Planning Council. The Planning Council will also fund, through DAAA, five other programs targeting the developmentally disabled with drug and alcohol abuse problems. Among the remaining five programs is a treatment project, to be undertaken by Horizon Human Services in Erie County, which will provide services to developmentally disabled, substance abusing offenders.

Other ATI Programs -- A number of drug treatment initiatives within Alternatives to Incarceration (ATI) programs have been developed through State aid reappropriated in fiscal year 1990-91. Among the jurisdictions to receive the funds are Dutchess, Monroe, Niagara, Onondaga, Orange, Steuben, Tioga, Washington, Westchester, Orleans and Ulster counties, and the City of New York. Many jurisdictions will use the funds to provide treatment referral programs. Some will also use funds to purchase treatment for the target populations. An

example of such coordination is the contract between DSAS and Osborne Treatment Services, Inc. to provide ambulatory services at El Rio treatment facility as an alternative to incarceration. The target population is young cocaine and crack abusers, whose treatment regimen includes acupuncture as well as counseling, leadership, and the development of educational and vocational skills.

Among the most ambitious program models is the day reporting program proposed for development in Ulster County. The program is intended to combine a residential ATI program with a day treatment center. The proposed center would house a variety of services including outpatient drug treatment, educational and employment programs, and assistance with entitlement programs.

The Kings County District Attorney's office has developed an alternatives-to-incarceration program that offers to eligible defendants arrested but not yet indicted for their second felony drug offense a chance to opt for residential drug treatment before their cases are presented to the grand jury. Two DSAS contracted providers will each set aside 50 beds to serve these individuals.

Criminal Justice Summary

The significant growth of the offender population with drug and alcohol abuse histories has demanded the development and enhancement of treatment services in corrections. The greatest advancement has occurred within the State prison system, with expansion of treatment beds and development of community aftercare. Nonetheless, community correctional agencies, especially probation, continue to struggle to meet the treatment needs of offenders under community-based supervision. More coordination between community corrections agencies and treatment providers will enhance treatment opportunities for offenders. Community correctional agencies require, however, the capacity to identify drug and

alcohol abuse problems and locate treatment opportunities. The latter is particularly problematic in the absence of a centralized treatment data base and expansion of treatment slots within the community. Clearly, the future of community corrections will witness efforts to improve control over the delivery of a full range of services to offenders. This will be accomplished through the development of comprehensive service programs which will provide for the needs of offenders while maintaining close supervision over that population.

LINKAGES WITH HEALTH AND OTHER CRITICAL HUMAN SERVICES

The increasing severity and complexity of drug and alcohol abuse problems during the 1980s resulted in the call to develop a comprehensive continuum of services. More than ever before, these problems are having devastating effects in combination with other negative forces of poverty, disease, educational deficit, etc., on the whole person, whole families and whole communities.

As previously discussed, sustained high levels of drug and alcohol abuse among pregnant women and other high-risk groups have created a critical need to develop health care accessibility and services which are better able to address client needs. Equally critical is the need for AIDS prevention and treatment services related to substance abuse. Finally, any realistic plan for achieving lasting recovery of individuals, families, and communities from the economic devastation all too often wrought by the abuse of drugs and alcohol, must address the need for education and employment readiness in the struggle for self-sufficiency. To meet these complex needs, New York State's health and human services systems are implementing several innovative programs described below.

C-DATS

Among previous ADAC recommendations was the development of a new program model for Community Drug Assessment and Treatment Systems (C-DATS). The C-DATS concept offers a simple approach to providing health and allied services to drug and alcohol abusers. As a modest first step, the Department of Health will provide Medicaid rate enhancements to develop C-DATS in three to five sites statewide.

Core features of C-DATS will include: comprehensive medical, drug, alcohol, and psychiatric assessments and HIV counseling and testing; comprehensive primary medical care; intensive case-management services and family support; drug and alcohol counseling on site through credentialed alcoholism counselors and substance abuse treatment specialists; and either the co-location of drug and alcohol treatment programs or development of formal linkages with existing providers to accept referrals from the program.

Community Health Worker Program

Another service integration effort emphasizing primary health care is the Community Health Worker (CHW) program. The CHW serves as an advocate for the family and helps its members access social support and community services. The CHW's scope of practice includes outreach, case-finding, case-management, follow-up and continuing support of individuals and families. Case coordination, support and advocacy provided by the CHW are particularly effective for pregnant and parenting women, in seeking to change an environment that may include alcohol and substance abuse, domestic violence and child abuse. Services are provided through home visits, and when needed, by accompanying clients to appointments to serve as advocates, translators, etc. A total of 14 programs are currently supported using a combination of funding sources.

Hospital Intervention Services

DAAA has instituted the Hospital Intervention Service (H.I.S.) Demonstration Program. The H.I.S. model calls for the formal screening of all patient admissions to be performed by the general hospital staff. The H.I.S. team is called in to fully evaluate those patients who have been screened as likely to have an alcohol problem. If the existence of an alcohol problem is confirmed, the team intervenes, helping the patients acknowledge their condition, and linking them to appropriate treatment.

The intent of this statewide effort is to consider operation within different settings and assess the impact on health care utilization and costs. Nine project sites have been in operation during much of 1990. Seven expansion sites are scheduled to begin operation during late 1990/early 1991. The project sites are a mix of small and large hospitals; inner city, suburban, and rural; teaching and nonteaching; and private and public facilities situated throughout the State.

The Demonstration has already received positive recognition in over a dozen health related national publications. Additionally, the Institute of Medicine has identified H.I.S. as a program worthy of replication and vigorous evaluation.¹¹

AIDS/HIV

The magnitude of the AIDS epidemic demands full mobilization of the education, prevention, treatment, public health, social service and criminal justice systems, in addition other resources. With seroprevalence estimates of 30 to 60 percent among intravenous drug users (IVDUs), and with less than 20 percent of the estimated 225,000 to 275,000 people with an intravenous use history in treatment at any time, the State has been pressed to devise programs to prevent or modify the high-risk drug and sexual behaviors of active drug users.

Intravenous drug users are a critical group in the AIDS epidemic for two reasons. First, they are the single largest group to develop AIDS. Secondly, they are the source of the virus in 87 percent of the cases (among persons born in the U.S.) in which heterosexual activity is believed to be the mode of transmission, and in 78 percent of the cases of maternally transmitted AIDS in New York City. The Report of the Presidential Commission on the Human Immunodeficiency Virus concluded that the spread of HIV among heterosexuals depends on whether the behavior of IV drug addicts can change.

While primary responsibility for AIDS issues lies with the State Department of Health, the Division of Substance Abuse Services has become increasingly involved as the AIDS problem continues to expand among the intravenous drug-using and related populations. Division initiatives have included significant expansion of treatment services, implementation of the Key Extended Entry Program (KEEP) within the criminal justice system, development of AIDS guidelines and special educational materials for programs in heavy drug-use areas of New York City, the addition of AIDS Coordinators to program staff, and a major training effort for program staff and clients.

New York State supports the development of an HIV service continuum to reduce the spread of HIV infection among its clients and their families and to treat compassionately those infected with HIV.

CTRPN Project

The CTRPN (counseling, testing, referral, and partner notification) project, a collaborative effort of the Department of Health and the Division of Substance Abuse Services, provides a continuum of HIV-related prevention and referral services at drug treatment programs. The project is funded by the U.S. Centers for Disease Control (CDC) and currently provides services to 15 programs at approximately 85 drug treatment sites. About

16,000 clients in treatment currently have access to services through this initiative.

In addition to client education and antibody testing, this project provides a system of ongoing support services, through individual and group counseling and peer support. It is expected that this ongoing support will play a key role in ensuring CTRPN clients remain in drug treatment. Whenever possible, services are provided directly on site in the drug treatment programs. Programs are also encouraged to provide services to clients' families and significant others, reaching beyond the walls of the treatment program into the community.

Two programs have specifically targeted pregnant addicted women for services. They provide special facilities for drug treatment, counseling and testing, care for the children and prenatal counseling. Special arrangements are also made for prenatal medical care. Outreach is targeted for these women primarily through other programs that are unable to meet their needs.

HIV Services for Women and Children

Because of the increasing numbers of HIV-infected women and children, New York State developed a set of principles to guide State policy and actions related to HIV/AIDS services for women and families. Based on these principles, New York State will: promote the routine counseling and voluntary HIV-testing of all women of reproductive age; ensure that physicians and counselors respect each woman's right to make her own reproductive choices; convene experts to evaluate the benefits of early treatment for HIV-infected newborns and children; promote access to clinical drug trials for HIV-infected women and children; and expand services for HIV-infected women and children, to include substance abuse treatment, child care, homemaker assistance, transportation, and legal services, as well as traditional medical care.

The State's goal in designing services for HIV-infected women is to keep families together for as long as possible. If a woman is infected with the virus, it often is the case that one or more of her children is also infected. Her husband or sexual partner is also likely to be carrying the virus or already sick or dying from AIDS. To foster development of AIDS-related services for women and children, the State Health Department's AIDS Institute has recently awarded grants to 30 organizations or groups serving this population.

Women and AIDS Project

The Women and AIDS Project is co-sponsored by DAAA and the Division for Women (DFW) with funding from the AIDS Institute. Its purpose is to provide women's perspectives in terms of research, policies, programs, funding, and advocacy in regard to and on behalf of women affected by AIDS. The project provides a unique opportunity for participants to discuss problems, gaps in services, and successful strategies for providing prevention and outreach services.

St. Clare's AIDS Center - Methadone Clinic

St. Clare's Hospital in Manhattan, the first hospital approved by the Department of Health as an AIDS Center, has established a new methadone maintenance treatment program for IVU's who have been also diagnosed with HIV/AIDS. The current capacity for the program is 36 patients although that may expand to 50. An expanded program that will accommodate 250 clients is being renovated in the hospital complex for opening sometime in 1991. The program will be able to accept referrals from other parts of the Spellman Center for HIV Disease at St. Clare's as well as other area methadone maintenance treatment programs and eventually other physicians and clinics. By establishing strong linkages with other components of the AIDS Center as well as other service entities, a full spectrum of supportive services and health care will be offered to clients.

A case management approach will help access education and counseling as well as family services, including the availability of HIV counseling and testing for client families and significant others.

HIV Coordinator Project

The AIDS Coordinator Project funds HIV Coordinator positions in both the substance and alcohol abuse provider networks. Coordinators are trained in 10 core areas such as risk-reduction, case management, and safe sex to ensure a solid knowledge base on HIV infection and substance abuse. In substance abuse programs, they conduct HIV-prevention and risk-reduction activities for program clients and staff and coordinate and implement the HIV Service Plan. Some Coordinators are assigned directly to large substance abuse treatment programs while others work through a consortium program model.

Two alternative models are designed for delivery of alcoholism programs. In New York City, coordinators are placed in nine alcoholism outpatient clinics within designated AIDS care facilities. These coordinators refer clients for HIV-related services and provide linkages between HIV services and the alcoholism treatment system. Outside of New York City, coordinators are co-located in the seven AIDS Institute-funded community service programs where they: assess and evaluate clients and refer for appropriate services; develop linkages between alcoholism treatment programs and HIV-related services; case-manage the more difficult clients; provide brief interventions; and facilitate support groups for HIV individuals in recovery.

Street Outreach Project

The Division of Substance Abuse Services' "AIDS Street Outreach, Education, and Referral Services to Intravenous Drug Users and Their Families" project seeks to establish innovative street outreach services linked to HIV-related

testing and health care initiatives. One such initiative is the Holistic Outreach Mobile Education (HOME) effort that provides educational and counseling services at selected sites. HOME focuses on general HIV education and referral.

Each borough has a team of outreach workers who provide AIDS education and referrals to medical and social services. Street demonstrations are provided on cleaning drug injection equipment and literature is passed out. A van is also staffed by AIDS Institute personnel providing counseling and testing.

Tuberculosis Prevention Initiative

Recognizing the increased prevalence of reactivated tuberculosis (TB) among IVDUs who are seropositive (i.e., HIV-infected), the tuberculosis prevention initiative targets IVDUs who are already seropositive or at high risk of infection. The Centers for Disease Control have funded a million dollar tuberculosis prevention initiative to be jointly sponsored by the Division of Substance Abuse Services, the New York City Department of Health (Tuberculosis Unit), and the New York State Department of Health (AIDS Institute).

The TB initiative provides education to clients and staff and links up with the CTRPN program. All clients testing positive for HIV are strongly urged to test for TB; and those receiving a positive test for TB are urged to have an HIV test. Follow-up of clients dropping out of drug treatment is also part of the service protocol, so that TB prophylaxis may be continued. Those with active tuberculosis will be treated at NYC DOH chest clinics.

Other Collaborative Ventures

In addition to the CTRPN and TB projects, the Division of Substance Abuse Services is collaborating with the AIDS Institute on other initiatives targeting active drug users and their families for HIV-related information and medical

services, including production of videos targeting Black male IVDUs and Hispanic male IVDUs, and development of special health-related facilities (HRFs) for persons with AIDS (PWAs) in need of a residential service setting.

Health-Related Facilities for Persons With AIDS

The Division of Substance Abuse Services worked with Department of Social Services on the development of its Adult Care Facility model (ACF) for people with AIDS. This model would precede and complement the HRF level of care by placing PWAs in a congregate facility with social services and some counseling services but minimal medical services. The Department of Social Services needs legislative approval of a Congregate Care Level III reimbursement rate before the ACFs can move forward. It did not pass last session. As with the HRFs, all costs related to the construction and operation of an ACF would be borne by a rate and bonding structure.

Employment Opportunities for Treatment Graduates

It is widely recognized in the drug and alcohol treatment field that nothing really substitutes for meaningful employment opportunities when planning aftercare services for program graduates. The provider community is being asked, therefore, at a minimum, to assess client needs for vocational and educational services and establish linkages to community services in order to enhance the client's prospects for employment. Many agencies are doing a good deal more.

With a grant from the Department of Labor, the State's Job Training Partnership Council (JTPC) has achieved some interesting results this past year in both Dutchess and Broome counties with systematic efforts to link services offered by alcohol and substance abuse prevention providers with workforce preparation programs. County prevention and treatment providers see the federally

funded Job Training Partnership Act administered through the State JTPC as a way of accessing special populations such as at-risk youth, who might not come to their attention until after serious problems with addiction had developed. The cross-training of staff produced additional benefits with increased referral sources and better communications between two critical components of a rehabilitation system.

Among the many innovative vocational programs funded by DAAA and DSAS are:

- Binding Together, Inc. (BTI) in NYC trains homeless substance abusers in treatment to operate copying, collating, binding, and printing equipment -- placing graduates in jobs using these skills. The U.S. Secretary of Labor presented BTI with a national award for outstanding service to those with multiple barriers to employment, and the National Association of Counties also gave them an award for program excellence.
- Everywoman Opportunity Center, Inc. assists women in Buffalo to move toward economic and personal self-sufficiency by offering a comprehensive range of education, prevention and intervention services.
- The Hispanic Women's Center in New York City affords networking opportunities, an information and referral service and job training.
- The Employment Program for Recovered Alcoholics offers adult educational and vocational services in New York City.
- An agreement between DSAS and the NYC Department of Employment has designated one Training, Assessment, and Placement (TAP) Center in each borough to offer outreach services to DSAS clients in order to link them with vocational services offered by the TAP system.

IMPROVING QUALITY AND ACCOUNTABILITY

A report recently released by the Institute of Medicine confirmed one of the fundamental conclusions of the first ADAC Strategy Report: treatment works.¹² In doing so, however, it emphasized the variability of success across different service modalities, and stressed the need for further research into the factors that influence outcome. Numerous initiatives designed to shed light on this subject are under way in all sections of the drug and alcoholism services systems. In addition, several projects are being implemented to reform the structure of service delivery and enhance the ability of oversight agencies to monitor and regulate the services for which they are responsible.

Research and Evaluation of Program Effectiveness

There are currently a number of projects under way to improve program evaluation and performance:

DAAA Clinical Research Center

In accordance with recommendations in the ADAC Strategy Report, DAAA acted rapidly to open the Clinical Research Center (CRC) of the Research Institute on Alcoholism in Buffalo. The facility, which had its grand opening on October 1, 1990, serves as a center of applied, clinically relevant research on alcoholism treatment.

In particular, the CRC focuses on research that evaluates different treatment approaches, compares the efficacy of different treatment settings, and identifies the most appropriate and cost-effective matches between patient and treatment. The CRC is composed of a 24-bed residential rehabilitation unit and has the capability of serving 350-400 outpatients annually. The CRC has been awarded

four federal grants. Results of research conducted at the CRC will have direct, practical implications for counselors, administrators, and policy makers alike throughout the country.

Examples of major research projects to be conducted at the CRC for the coming year are:

- o Inpatient and Outpatient Treatment Efficacy. This federally funded grant is a comparison of the efficacy of inpatient and outpatient treatment for alcoholism. It is designed to identify those treatment conditions and patient characteristics that best predict treatment response and post-treatment functioning for individuals receiving alcoholism treatment.
- o Matching Alcohol Treatment to Client Heterogeneity. The CRC is one of eight sites for PROJECT MATCH, a major federally funded research initiative on patient-treatment matching. The study will provide an opportunity for public and private treatment programs to work collaboratively with experienced university and hospital-affiliated treatment outcome research experts in investigating promising patient-treatment matching strategies.
- o Coping Skills in Spouses of Alcoholics. Extends previous work in the development of a measurement tool called the Spouse Situation Inventory (SSI).
- o Secondary Prevention of Alcohol Problems in Women. Relatively little clinical research on the problems of women drinkers is available. In this project, female problem drinkers not physically addicted to alcohol will receive either a behavioral self-control package focusing on drinking reduction strategies or a program which also incorporates instruction on a variety of life-management skills. An extended comprehensive follow-up is planned to identify variables which best predict

treatment response and post-treatment functioning.

The Cocaine/Crack Research Working Group (CCRWG)

The Cocaine/Crack Research Working Group (CCRWG) was established in March 1989 by DSAS as a forum for discussing and evaluating "what works" in the treatment of cocaine/crack addiction, and as a means of encouraging cross-disciplinary research in this area. The forum group consists of research scientists and clinicians who convened at Beth Israel Medical Center to coordinate research that would lead to the development of more effective treatment strategies for compulsive cocaine and crack users.

The CCRWG issued a report in August 1990 confirming that the use of cocaine and crack, both injected and smoked, has become a major risk factor in the transmission of HIV infection. While the report contains a number of other specific findings, it primarily stresses the need for further systematic research on the effects of cocaine exposure in utero; on the efficacy of various antidepressant and anticonvulsant drugs for treating cocaine/crack addiction; on the effectiveness of various other treatment interventions; and on the particular social factors related to the cocaine/crack epidemic.

Program Reporting and Monitoring

Client Data Reporting System

DSAS and DAAA are currently developing a new treatment client data system that will provide the agencies with valuable information relating to the types of clients entering and receiving services in the various treatment modalities. Data items will be collected at admission and will meet the information needs of federal, State, and local government agencies, as well as service providers.

The data items collected at discharge will provide information concerning the retention of clients, changes in client status while in treatment, as well as a summary evaluation by the program staff of the client's treatment status at discharge. The new data system will take effect in January 1991, with the first reports due in Washington by March 1991.

In a related effort, DFY has recently developed a case-management information system which includes data on the youths' cognitive and emotional development (as measured by entry and exit tests) and the services provided to the youths. This will help managers to assess the impact of various programs on the development of youths along a variety of dimensions. The information system will become fully implemented within two years.

Consolidated Fiscal Reporting (CFR)

Through the cooperative efforts of the OMH, DAAA, OMRDD, as well as many members of the provider industry at large, a Consolidated Fiscal Reporting System (CFRS) has been developed and adopted by the Department of Mental Hygiene (DMH). The intent of this collaboration was to develop a single, standardized fiscal reporting document to be used by all entities of the New York State DMH for purposes of local assistance reimbursement and as a basis for determining Medicaid reimbursement rates.

Until recently, DSAS has refrained from participating in the CFR system. The Division's reluctance to do so was largely due to the recognition that the reporting mechanisms entailed by the system carried a considerable burden of paperwork. It has become increasingly clear, however, that the advantages accruing from participation in this system outweigh the disadvantages. The system not only allows for the analysis of vital cost information within and among systems, it can also provide an essential foundation for the implementation of rate-setting and other revenue-enhancing mechanisms. In view of these

advantages, DSAS has agreed to participate in the CFRS. Recognizing that the reporting burden on service providers must somehow be accommodated, DSAS will investigate ways of implementing the system in the most effective and least burdensome manner.

Program Performance Review System (PPRS)

In the 1991 Update to the Five-Year Comprehensive Plan for Alcoholism Services, DAAA identified a need to coordinate its accountability systems by integrating the information generated within each system and by providing for a formal system of managerial review of program performance fully utilizing the Division's information systems. Based in part on a system currently operated by the New York City Department of Mental Health, Mental Retardation and Alcoholism Services, the Division proposed a PPRS.

The PPRS consists of three parts: a Program Performance Profile information system which would integrate data from the various accountability systems and make it accessible to managers; a Program Performance Review Committee, which on a regular basis would review priority programs as well as overall system performance; and a Program Assistance Process. The Division has a number of options in assisting programs to rectify problems, including staff site visits by county and regional staff, budget and fiscal modification, inspection, evaluation and audit.

This proposed model for enhancing accountability for alcoholism services was received favorably by testifiers at Plan hearings held across the State in September. The Division is beginning to design this system, which will be implemented in 1991.

Program Assessment and Cost Effectiveness (PACE)

This system is intended to guide DSAS program development and quality assurance efforts. This system makes use of demographic, transaction (arrival and departure), and fiscal data in providing rudimentary price-performance comparisons among Division-funded programs. Outcome indicators, including retention and successful termination rates, are examined as a function of client characteristics, treatment modality, and expenditures in an ongoing process of evaluation and review.

PACE II, a second phase of this project, will involve the development of a prototype system which will build upon the initial structure by incorporating a standardized clinical assessment and reassessment protocol for clients in care, and by integrating information on services offered with various outcome indicators, including toxicology results, to produce a comprehensive evaluation and strategic planning capability. This information system, developed as part of the "Target Cities Project," will eventually be expanded for use throughout the DSAS provider system.

SYSTEMS REFORM AND ACCOUNTABILITY

Methadone Reform

Last year's Strategy Report emphasized the importance of methadone maintenance as an element in the State's strategy to reduce the impact of heroin addiction and prevent the transmission of AIDS and HIV infection through intravenous drug use. At the same time, however, it was recognized that existing approaches to methadone maintenance needed to be improved and enhanced. To address these concerns, DSAS has initiated work on a five-year plan for the reform of the methadone program. This effort is being undertaken jointly between DSAS and the service provider community with the active participation of the Committee of Methadone Program Administrators (COMPA).

The five-year plan will address the following concepts: definition of a methadone program with respect to the services embodied in it, the comprehensiveness of those services, and the relationship of a methadone program to other components of continuum of care; description of clients that are best served by the methadone program, the means used to deal with polysubstance abusers, and the manner in which the needs of clients will be served; identification of the most appropriate funding mechanisms for financing a methadone program, the existing revenue sources, and the efforts that can be undertaken by the methadone provider community to increase revenue from all sources; and analysis of the appropriate settings for the delivery of a comprehensive methadone maintenance program, addressing the geographic location of services, life safety code, and physical plant standards that facilitate the delivery of an effective and comprehensive methadone maintenance program.

In pursuing this agenda to reform the methadone program, DSAS will work closely with other State agencies such as the Department of Health to ensure that important issues such as primary health care, services and activities related to AIDS and HIV infection, as well as other pertinent issues that provide appropriate linkages and access to the comprehensive system, are incorporated in the planning and policy development process.

Implementing Accountability Legislation

Over the next few years, a major thrust in DSAS's strategy for the improvement of service delivery will focus on the improvement of agency and provider accountability. During the 1990 legislative session, a number of "accountability bills" were introduced by the Legislature and subsequently signed into law by the Governor, designed to strengthen the Division's oversight of the substance abuse treatment and prevention system.

The following Chapters of the Laws of 1990 demonstrate the focus for implementation of such procedures.

Assessing DSAS' 'Statutory Base'

To support improvement in the administration and delivery of substance abuse services, Chapter 390 of the Laws of 1990 requires DSAS to examine and formulate recommendations for revision of the statutory base currently governing the agency's activities. The statute calls for the assessment of the Division's current planning, funding and site selection procedures to facilitate the development and delivery of adequate and effective substance abuse services.

Defining Criteria for the Evaluation of Program Services

Chapter 512 of the Laws of 1990 amends Section 23.01(a) of the Mental Hygiene Law, in relation to evaluation of substance abuse programs. The newly enacted law requires DSAS to promulgate rules and regulations establishing program evaluation criteria for review and comment by November 15, 1990 and to be in place by January 1, 1991.

Establishing Performance Standards Based on Such Criteria

Chapter 510 of the Laws of 1990 was enacted to ensure the existence of a clear set of performance standards to guide the operation of substance abuse services programs and against which to evaluate those programs.

Implementing Fiscal Reporting by Service Providers

In an attempt to improve the State's fiscal oversight of substance abuse service programs,

Chapter 509 of the Laws of 1990 was enacted. The new Section 23.07 of the Mental Hygiene Law requires the disclosure of financial information regarding the programs and their operators.

Establishing Limited-Term Certification and Minimum Inspection Scheduling

Chapter 511 of the Laws of 1990 amended Section 23.01(a) of the Mental Hygiene Law to improve the oversight of substance abuse service programs through tighter control of a program's approval to operate. Limiting the duration of a certificate of approval will allow the Division to monitor a service program more effectively.

Implementing Mandatory Training for Members of Program Boards of Directors

Upon accepting appointment to the board of directors of a substance abuse service organization, new board members are also accepting significant legal responsibility for the operation of that program. Chapter 391 of the Laws of 1990 amends Section 19.25(c) of the Mental Hygiene Law to require the Director of DSAS to ensure that new board members of service provider programs, subject to the regulatory jurisdiction of DSAS, are appropriately informed and trained to carry out their responsibilities. This must be accomplished within the first year of their appointment.

1991 PRIORITIES

Much of this document has been concerned with describing the very substantial progress that has been made in moving toward the goals enunciated in last year's Strategy Report. New treatment capacity is being brought on-line. Innovative services are being developed to meet the special needs of high risk populations. Linkages are being forged across systems to ensure that a full continuum of care is available to meet client needs. Research is going forward to monitor trends and

evaluate outcome. Training and technical assistance are being offered to strengthen efficiency and effectiveness. And administrative procedures are being revamped to improve accountability.

Coming as they do at a time when many indicators suggest that drug use may be declining, these developments might easily be regarded as the final stages of the struggle against drug abuse. It would be a mistake, however, to conclude that the end is at hand. Many New Yorkers continue to use illicit drugs and abuse alcohol. Of those who do, many suffer severe medical and psychiatric complications; many experience lost productivity at school or in the work place; and many engage in criminal activity.

Experience with past epidemics cautions that long after a drug fad peaks, as we fervently hope is the case with crack, a hard core of users remains. It is true that some may quit, but others may simply switch to another drug or to alcohol. In all likelihood, many will be lured by the promise of a new drug for which we still don't have a name. And many will continue to engage in high-risk criminal activities. Perhaps most tragically, many of the worst effects of drug use will be passed on to the next generation.

We may wish it were not so. We may work to prevent it. But we must not allow our optimism to blind us to the stark reality we face. If we learn nothing else from the past, we must learn to understand the tenacity of the drug problem. It will not go away if we ignore it. Accordingly, it is most important at this time that we rededicate ourselves to the principles identified last year.

Among these, perhaps the most fundamental was the concept that treatment should be available to all who need it. Discussed last year under the rubric of "treatment on demand", this idea was the foundation upon which several recommendations for the expansion of the treatment system were based.

An interesting treatment of this subject appeared earlier this year in a white paper issued by the

Office of National Drug Control Policy. Entitled "Understanding Drug Treatment", the report presented an overview of the major treatment modalities, as well as a summary outline of some of the major issues facing the field. Noting that many who truly need drug or alcohol rehabilitation will not voluntarily seek it, and that much remains to be done to improve the efficiency and effectiveness of treatment, the report concluded that providing treatment "on demand" would "create a costly, unbalanced system that brings no guarantee of higher treatment success rates."

A closer reading of the report's findings suggests, however, that its criticism is more nearly a quibble over semantics than a rejection of principle. Placing great stress on the implications of the word "demand" in the "treatment on demand" formulation, the paper takes pains to show that it would be pointless to build capacity that might not be "demanded" by an unwilling public.

This, of course, should be axiomatic. A more thorough assessment would indicate that demand is a complex phenomenon, comprising a host of voluntary and involuntary pressures on the treatment system. Surely all of these factors need to be considered. Some individuals will present themselves for treatment because they want it. Others will be forced into treatment via the criminal justice system. And still others will respond to the more subtle pressures of family and friends, schools and employers.

Many of these paths into treatment are subject to the control and influence of the system itself. School-based prevention programs, employee assistance programs, primary health care providers, social service agencies and, of course, the criminal justice system all offer gateways into treatment. We must ensure that such portals are recognized and open. More than that, we must insist that they provide access in both directions. Primary health care must be accessible to clients of drug and alcoholism treatment programs. And rehabilitation must be accessible when the need is identified in

the health care system. The same is true for all related health and human services.

What is called for, then, is a comprehensive array of services that are accessible, affordable, and appropriate to the needs of potential clients. Clearly, we have made significant progress in that direction. But more remains to be done. As a minimum we must continue the expansion recommended last year. We must also continue to strengthen the continuum of care and foster linkages among the segments of the human services system. And we must be unflagging in our attempts to improve the efficiency and effectiveness of every program we have.

It is to this end that we offer the following priorities for the year to come.

Priority 1: Treatment Expansion

It is vital that expansion efforts continue. As the system matures, the number of pathways into the system will increase dramatically. This will increase the accessibility of needed services to those high-risk populations who need them most. At the same time, of course, it will increase the "demand" for services. Whether such services are required for criminal justice clients as alternatives to incarceration, to workers referred by their employers, or to children in foster care, we must ensure that the system keeps pace with the demand created by other efforts.

There can be no question that the fiscal challenges currently facing the State will complicate this task considerably. The need for fiscal restraint is pressing. Equally pressing, however, are the steadily mounting costs to society of alcohol and drug abuse. While we may be cheered by the apparent decline of substance abuse among some segments of the population, we must not be blind to the continuing needs of those who are most at risk and are most heavily burdened by the impact of alcoholism and drug abuse. Whether measured in terms of health care, social services, lost

productivity or crime, these costs are staggering. We must do what we can to reduce them.

To accomplish this will require several things. Chief among them and fundamental to all the rest is the completion of expansion efforts already begun. As noted earlier in this report, DSAS has established new resource allocation mechanisms that have set in motion already this year an expansion that will yield over 5,000 residential beds, 10,000 ambulatory non-methadone treatment and 3,700 methadone slots. Within this framework, plans are well under way to establish a total of 380 beds in the three treatment campuses currently under active development.

Similar efforts are underway under the auspices of DAAA. Expansion plans under development in the alcoholism treatment system call for the long-term addition of 2,348 residential beds and long-term expansion of the ambulatory system which will yield the capacity to serve an additional 10,000 individuals.

Within the State Correctional System, special emphasis should be placed on the completion of the expansion and maintenance of the ASAT and CASAT programs. In addition to these efforts, the continued expansion of the community-based drug and alcohol treatment systems is vital if sufficient treatment capacity is to be brought on line to meet the needs of the criminal justice system for aftercare and alternatives to incarceration. As the capacity of the drug and alcohol treatment system is expanded, a significant proportion should be dedicated to the criminal justice system.

Also critical to the State's expansion effort is support for the continued growth of service capacity targeted to the unique needs of the MICA population. Accordingly, special emphasis should be placed on the completion of 100 Community Residence beds currently under development by OMH, the implementation of outpatient community support services in conjunction with the New York/New York initiative, and the completion of

two forty-bed MICA treatment campuses currently being developed by OMH and DSAS.

Within the health care community, continued support must be given to the encouragement of drug and alcohol related services. Projects such as the C-DATS initiative, currently planned for implementation in 3 to 5 sites across the State, and the expansion of the DAAA/DOH Hospital Intervention Services Project to 7 new sites should be carried forward.

Priority 2: Integration and Consolidation of Services

The integration and consolidation of services is vital for two reasons: first, it ensures the availability of a comprehensive continuum of care vital to the recovery of our collective clientele. In addition, such integration provides "leverage" to improve services and maximize utilization of Agency Resources. At a time when fiscal austerity constrains other aspects of program development, special attention must be given to the implementation of highly integrative initiatives such as New York/New York, Family Support Communities, Target Cities, Critical Populations, and the ADAC Community Demonstration Projects.

Consolidation of DAAA and DSAS

In the 1989 Strategy Report, the Council affirmed the overall long-term benefits of consolidating DAAA and DSAS, but recommended deferral of such an action to avoid diverting attention from their primary mission to expand and strengthen the State's treatment and prevention networks. Both agencies have actively pursued service development and enhancement over the course of the last year. In many cases, they have done so on a collaborative basis. This expansion activity will continue to proceed toward our enumerated goals throughout 1991 and beyond.

It has, however, become increasingly apparent that the complexity of the alcohol and drug abuse problem requires increasingly sophisticated and creative responses. And, polydrug abuse is now the norm for those under 35 years of age. In recognition of these facts, and the ongoing need to proceed with planned expansions, the Council recommends implementation of a plan to gradually restructure and consolidate the alcoholism and drug abuse service systems.

The agencies could begin by initiating a demonstration project to integrate the service delivery systems in representative areas throughout the State. By working with local governments and service providers, the agencies can assess resources and examine obstacles that might impede progress toward system integration. We should also begin to consolidate certain agency functions that could be more effectively delivered if conducted jointly. At a minimum, licensing and certification, workforce development and consolidated fiscal reporting should be the initial areas to be addressed.

The Council is confident that a staged consolidation of these critically important functions will provide a more responsive and coordinated service delivery system without disrupting the major expansion efforts currently underway.

Other efforts such as the Task Force on Integrated Projects, one of the first ventures in the direction of large scale collaboration, should continue on its current path of innovative incubation. Projects that prove their success should be operationalized within the framework of existing funding streams and regulation. Experimental efforts, such as the Outpatient Chemical Dependency Program for Youth, should continue to be supported in the nurturing environment provided by the Task Force.

In addition to providing leverage for scarce resources, such integrated programs improve access to services to those who need them most. Women, children, the homeless, MICA's, veterans: these

and other targeted population groups benefit greatly from the linkages and coverage opened into the continuum of care through these initiatives. One large group posing special challenges in this respect comprises all those individuals in one or another component of the criminal justice system. The need for security and oversight, on one hand, and the natural suspicion they engender in the general population on the other, conspire to present unique demands on our ingenuity. Yet the potential benefit of successfully addressing the needs of this population argues forcefully for special effort in this direction.

Certainly one of the most pressing needs in this regard is for correctional aftercare. Accordingly, State and local correctional facilities and State juvenile facilities should seek to structure a continuum of drug treatment upon release of the offender back into the community.

Drug treatment often requires a commitment of time beyond that of institutional placement. Furthermore, the transition of the offender into the community represents a particularly vulnerable period of drug offender rehabilitation. Thus, all efforts should be made to ensure the continuation of drug treatment within the community upon release from institutionalization. The CASAT initiative of the Department of Correctional Services, the Albany community care experiment of DFY and the many initiatives of the Division of Parole represent significant advancements in providing a continuum of drug treatment. Such efforts need to continue and expand, with particular attention paid to the institutional and community-based treatment needs of local correctional inmates.

In completing these tasks, special consideration should be given to the provision of medical, psychological, and vocational assessments to all clients, and to the provision of appropriate health care, psychiatric support, and vocational training whenever needed.

Another aspect of the need for integration within the criminal justice system can be seen in proposals

to enhance linkages with public defenders. Social work components should be developed within public defender offices to improve detection of defendants' substance abuse problems and develop and propose treatment and sanctioning plans for consideration by the court.

Defense attorneys hold unique positions in the criminal justice system. They are the first practitioners to become familiar with the needs of offenders and present those needs to the court through plea and sentencing advocacy. Unfortunately, most attorneys lack the expertise to adequately detect chemical dependency and develop suitable treatment plans for their clients. Many defendants may receive terms of incarceration when a community-based sanction, coupled with a drug treatment plan, may have been more appropriate. Defendants with sufficient financial means can purchase sentence planning services from the private sector, but indigent defendants must rely on the services available in public defender offices. Thus, to enhance the diagnosis of defendants' treatment needs, improve sentencing planning and place indigent defendants on a more equal footing, defender-based social work units should be developed. The Department of Probation and Correctional Alternatives' defender-based advocacy program represents an ideal model for expansion in this regard.

In considering the development of proposals such as those described here, we must keep uppermost in our minds the fact that developments in any given sector of the treatment system invariably have an impact on all of the other components as well. The size of the criminal justice system, and the urgency of its clients needs, make this implication particularly vivid. Yet the needs of other systems are also compelling. As we move forward with projects to expand and integrate services, we must constantly strive to balance these sometimes competing needs.

Priority 3: Focusing on Critical Populations

Research data has shown that the problems of drug and alcohol addiction are often concentrated in segments of the population that are the hardest to reach. Frequently, those most in need of service are the least able to access them. It is also important that we focus our efforts on those populations under the jurisdiction of the criminal justice system. Failure to address the treatment needs of this population will result in unabated levels of crime, violence, and economic loss. Our efforts must also focus on those persons with AIDS, particularly since the AIDS epidemic appears to be expanding most rapidly among IV drug users and their sexual partners.

The Anti-Drug Abuse Strategy Report made a number of recommendations designed to address these problems. These approaches included: co-location of drug and alcohol treatment programs with health, criminal justice, and social services providers; outreach and case-finding efforts in cooperation with community agencies; central intake; assessment and referral mechanisms to link drug clients with treatment resources; and screening and intervention programs in hospitals and health care settings.

The State has made significant progress over the past year in implementing a number of these strategies. DSAS and OMH have planned two treatment campuses to address the treatment needs of MICA populations. DSAS and DAAA are preparing joint regulations for intensive outpatient programs for chemically dependent youth. DSS, DAAA, and DSAS have implemented drug and alcohol treatment services at family shelters for the homeless. New York/New York initiatives have been launched to address the needs of the homeless at Grand Central Terminal, and Project Connect will soon provide services to drug and alcohol abusing pregnant women and their children. DOCS is also in the process of developing day reporting centers which combine intensive supervision of offenders with treatment. Specific details on many

of these projects have been provided in the progress sections of this update.

It is important that we utilize the results of these efforts to expand our approaches to other geographic areas and hard-to-reach population groups. To further the anti-drug abuse efforts the following is recommended:

- **Increased interagency cross-training to expand the capacity of all health, criminal justice, and human services personnel to identify and intervene with drug and alcohol abusers on these agencies' caseloads.**
- **Expanded efforts at co-locating drug and alcohol treatment services with health and human services at points where hard-to-reach populations come into contact with our service delivery systems. Examples include: social services centers, settlement houses, hospital emergency rooms and neighborhood centers.**
- **Broaden the scope of formalized intervention programs such as Hospital Intervention Services to include a variety of other settings such as health clinics, schools, and neighborhoods.**

Priority 4: Quality Assurance

The recommendations discussed above are designed to ensure that the services offered through New York State's drug and alcohol abuse treatment systems are available, accessible, and appropriate to all who need them. In addition, of course, they must be efficient and effective. Whether seen from the practical perspective or from the viewpoint of human compassion, we cannot afford to do less than our very best.

As a purely practical matter, the State's current fiscal situation demands that all of our efforts be geared to maximize the return on our investment.

If we are to continue the expansion and integration of our treatment systems -- and it is the unanimous opinion of the Council that we should -- we must do so with an eye to the bottom line.

On one hand, this means recognizing that it will be worthwhile to invest in activities that help our clients to become contributing members of their communities. This will entail a renewed emphasis on vocational and educational assessment as well as on the provision of services necessary to remediate deficiencies and improve existing skills.

On the other hand, it means structuring a service system in which each component supports and reinforces all of the others. We can no longer afford the illusion that alcoholism and drug addiction are easily separable problems. Nor can we safely ignore the fact that both drug and alcohol abuse are inextricably connected to the medical, psychological, social and legal problems that often attend them. It is only by addressing all of these problems coherently that we can hope to address any of them effectively. In doing so, however, we will gain the efficiency that flows from the synergy of mutual support.

To achieve these goals, the Council strongly recommends the continuation and intensification of a wide array of quality assurance initiatives. Such efforts include the enhancement of clinical and fiscal information systems, the pursuit of research into the causes of addiction and the most effective methods of treatment, the implementation of rigorous program oversight mechanisms, and the provision of training and technical assistance.

Improvement of Information Systems

Information about our clients and the systems that serve them is crucial to the improvement of existing services and the development of new ones. In addition, the growing integration of the formerly disparate components of the human services system requires concomitant advancement in the integration of the information resources that support them. To

facilitate linkages among the health, human services, and criminal justice systems and the treatment provider network, automated information systems should be developed to track the availability and location of residential, outpatient and methadone drug treatment slots, as well as client progress within the treatment programs.

An example of the needs encountered in this respect can be found in the criminal justice system. The supervision of drug offenders within the community frequently requires the placement of the offender in a drug treatment program. Too often, however, offender treatment is uncertain and delayed due to an absence of information regarding current and future treatment opportunities. Probationers and parolees may be enrolled in drug treatment programs which do not meet their needs due to uncertainty regarding the future availability of more appropriate treatment.

A centralized information system would provide practitioners with an up-to-date listing of all treatment opportunities, estimated dates of future openings, location of the individuals on the various waiting lists and progress of clients in treatment. This centralized data bank would significantly improve the delivery of treatment services and provide an estimate of treatment demand relative to treatment opportunity.

Notwithstanding its utility, an information system of this nature poses formidable challenges in terms of technical compatibility and client confidentiality. Additionally, such a system presupposes the existence of suitable gatekeeping and referral mechanisms. However, if progress in the integration of service delivery is to continue, it is important that supporting technology be available. All agencies involved should continue to work together to upgrade capacity and quality of information systems.

Research

Last year's report recognized the importance of a sustained and coordinated research agenda and recommended an ADAC committee that would help develop and guide the drug and alcohol research agenda. The Committee has not yet been formed and the Council believes that gives us an opportunity to reformulate its original proposal, primarily to insure that it receives sufficient input from those who are actually doing the research in defining and achieving New York's drug and alcohol research priorities.

Research and program evaluation generate valuable knowledge and information to inform policy and to provide guidance for program development and operation. A great deal of information is being developed by the research and evaluation activities currently underway by a number of State agencies and it is essential that a formal vehicle be constituted to bring new knowledge and findings into the realm of public policy and program operations as rapidly as possible.

It is also essential that the activities of the research community be presented against the backdrop of the policy context and program development activities that are embodied in this ADAC strategy, so that new information can be synthesized and gaps in our knowledge identified. It is also critical that the research community of scientists and evaluators be fully engaged in ADAC's efforts in order to streamline the flow of communications to policy makers and program operators that will assist them in making informed and "state of the art" judgments.

It is therefore recommended that researchers from all appropriate agencies be convened to assist ADAC in improving the impact of research and evaluation findings upon our policy and program agenda. This committee will be presented with the following ADAC objectives for consideration in the committee's development of a coordinated research agenda:

- Develop a framework for describing and cataloging the various research activities that are underway;
- Identify gaps or shortcomings in the state research portfolio and suggest research projects to address these gaps;
- Highlight opportunities for collaboration and/or coordination among State agencies in the conduct of research, including the development of a common minimum client and agency data set that can be used by each agency in ongoing research and evaluation activities;
- Provide an ongoing forum for the discussion of research and evaluation findings with special emphasis on impacting the current practice in the prevention and treatment of alcohol and substance abuse;
- Develop a coordinated research agenda and research priorities for the State agencies; and
- Identify funding opportunities in public and private sectors for future research activities consistent with the coordinated research agenda.

ADAC will convene an organizational meeting of the research community including representatives from each interested ADAC agency as well as representation of the research community at large.

Enhancement of Program Oversight

In order to ensure that services provided are of the highest quality, yet are cost effective, care must be taken not to compromise the ability of the oversight agencies to monitor program compliance with operating standards, contractual requirements, and sound fiscal practice. To do so requires that oversight activities are carefully organized and suitably staffed.

To a certain extent this can be accomplished through the use of automated information systems designed to provide timely data on program operations and client outcome. As examples of this technological approach to oversight, the Council encourages DSAS to continue with the implementation of the PACE information systems and the adoption of the Consolidated Fiscal Reporting. Similarly, the adoption of uniform client data reporting systems by DSAS and DAAA, and the development of improved client data through the Target Cities project, are also supported.

It must be recognized, however, that off-site monitoring has its limits. Complete accountability demands the capacity to verify program compliance on-site. To this end, we must ensure that programmatic and fiscal monitoring capacity is up to par. Where necessary this may entail the addition of review staff and training. We can and should strive to imbue all staff with an ethic that centers on quality assurance and accountability. But we must not ignore the pressing need for qualified staff to implement needed oversight activities. To the extent that current staffing patterns are insufficient to the task at hand, there may be a need to redeploy or add staff where resources are available.

Training and Technical Assistance

It is not enough, however, to monitor program activities. Where the need arises, it is essential to assist service providers in attaining and maintaining performance standards. Where deficiencies or opportunities for improvement are identified, training and technical assistance may be necessary to effect necessary changes. The existence of a skilled workforce is central to all quality assurance efforts.

This issue is all the more pressing at a time when service integration is a high priority. The recognition of the multiplicity of need presented by

today's drug and alcohol abuser brings with it the corresponding duty to respond comprehensively. Treatment counselors, educators and prevention specialists, health care and social workers, correctional staff and law enforcement officers: these and many others on the front lines of the war on drugs face challenges unlike any encountered in the past. Since it is clearly impossible to make each an expert in the fields of all the others, it is necessary that training and technical assistance be carefully administered for maximum efficiency.

The training capacity of all involved agencies must be brought to bear on this problem. Initiatives such as DSAS's Workforce Advisory Committee should be encouraged and expanded. Additional funding may be necessary to support such activities. But current fiscal realities demand that emphasis also be placed on innovative solutions that encourage mutual support and volunteerism.

Priority 5: The Workforce

One of the major challenges impeding expansion is the acute shortage of qualified treatment staff. As discussed in last year's report, substance and alcohol abuse providers find it difficult to recruit and retain staff in existing programs due to low salaries, poor fringe benefits, frequently undesirable work environments, lack of promotional opportunities, absence of career ladders, and few opportunities for training and education.

Both State agency staff and practitioners in the field recognize that these programs have historically been at a disadvantage when competing for qualified staff. The best counselors and clinicians seek jobs in more remunerative fields, and even those who do accept jobs in drug programs frequently move on to more lucrative jobs after gaining the necessary experience--resulting in high and damaging staff turnovers.

The workforce must be equipped with the most up-to-date information and skills, since the

capability of the staff is reflected in client care and its efficiency drives the cost of the system.

Dissemination of technology to the workforce is also extremely important. The people who deliver treatment and care must be well equipped to address the needs of their clients. In this respect, there needs to be an articulation of a career system for people in the field of alcohol and drug treatment and prevention. Such a career system must not only address a hierarchy of professional and managerial responsibility to which people can aspire, but it must also recognize the growing specialized nature of treatment and prevention services and create special status for those who carry out specialized and technically oriented professional work. Such a career system should be carefully matched with the further emergence of credentialling as a fundamental measure of quality and competency in the alcohol and drug treatment and prevention workforce.

Efficient use of scarce public resources must also be demonstrated. The refinement and focusing of our expansion agenda addresses this concern for efficiency and effectiveness and is intended to ensure the most appropriate and cost effective resource allocations.

The Council urges closer cooperation of workforce development activities among ADAC member agencies to insure that an appropriate supply of human resources is available to meet the demands of an expanded treatment system. The Council endorses efforts such as the utilization of community colleges in training entry level counselors, the further development of programs aimed specifically at minorities to allow them to avail themselves of opportunities to enter the addiction treatment and prevention field, and the inclusion of drug and alcohol treatment professionals in the State Health Services Corps.

Priority 6: Fiscal Stability and Siting

Two issues transcend the priorities and projects outlined above. First, the severity of the State's current fiscal situation makes very clear the importance of stabilizing existing funding streams and expanding the fiscal base upon which our programs are founded. At the same time, it has grown increasingly clear that our ability to expand the treatment system and integrate services is determined in no small measure by our ability to find suitable program sites. In recognition of these realities, the Council recommends that special attention be given to revenue enhancement and siting.

Stabilizing Revenues

Over the past decade, it has been very apparent that support for drug and alcohol treatment activities are vulnerable to the exigencies of public funding. Most obvious in the wavering support at the federal level, the problem is also very evident in the constraints currently experienced as a result of the economic slowdown at the regional and State levels.

These developments argue strongly that the fiscal foundation of treatment services needs to be extended. In so doing -- by tapping into resources less subject to change -- the stability and strength of the system will be considerably enhanced. Initiatives currently under way at DSAS are calculated precisely to attain this end. As an initial step, discussions are moving forward with DSAS, DSS and Division of the Budget that will lead to the eligibility of medically supervised outpatient services for Medicaid reimbursement. More broadly, the Division is pursuing statutory authority for rate setting, and the development of the capability to support this activity through an internal rate setting unit.

The Council supports these and similar efforts that are designed to improve the State's ability to access third party funding sources more successfully. In so doing, State resources will be freed up for other critical projects, and eligible programs will benefit from more stable and predictable fiscal support.

Siting

The Council should review recent federal, State, and local siting developments, and make detailed recommendations to the Governor by no later than May, 1991.

The progress made in 1990 on siting treatment facilities, although steady, was by no means a breakthrough. Siting treatment facilities will become only more difficult as federal drug czars move on, declaring victory, and the national media tires of repeating the same stories about our most destructive domestic problem.

Recent federal legislative enactments have further complicated the resolution of how best to proceed. Enactment of the Fair Housing Amendments Act of 1988 and the Americans With Disabilities Act have extended a full range of civil rights protection to those with physical or mental disabilities, and has created an affirmative obligation on the part of those offering certain services to eliminate barriers to access. On December 12, 1990, the Governor issued Executive Order 140 establishing a State Task Force on Implementation of the Americans with Disabilities Act of 1990 (ADA). The Task Force is responsible for coordinating a range of activities by State agencies to implement the ADA's provisions, and for making periodic progress reports to the Governor.

These developments at the federal level when coupled with our previous recommendations urging more public educational efforts, the direct State purchase of land for facilities, and the utilization of financial incentives to foster community partnerships, require a concentrated effort to

develop more specific short and long-term strategies to ease the siting problem.

The Anti-Drug Abuse Council, in conjunction with other appropriate agencies designated by the Deputy Secretary to the Governor for Human Services, should review and assess the extent and effectiveness of current State and local siting legislation, policies and procedures, the experience of other States, the projected impact and utilization of recent changes in federal law, and the efficacy of those proposals set forth in the 1989 Strategy Report. The Council should then make recommendations no later than May, 1991.

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PREVENTION

PROGRESS AND PRIORITIES

INTRODUCTION

In the 1989 strategy report, prevention was identified as New York State's best long-term investment strategy. Prevention is the component of the comprehensive approach that can most effectively reduce the scope of the problem, protect and strengthen those not involved, and recognize and bolster the strengths of those most at risk.

Prevention along with treatment and law enforcement, was recognized as a universal responsibility, a strategy or cooperation to be adopted in the home, school, community and workplace, and reinforced by the media.

This update reports on what has been learned about prevention over the past year and on all that remains to be done. It acknowledges the increasing awareness of the role that law enforcement can play in setting the stage for effective prevention. It highlights mechanisms being developed to integrate treatment options for pregnant and parenting women with prevention opportunities for their children. Significant progress was made in the past year in the encouragement of community-based efforts, such as public housing and the enhancement of school-based programming. The promotion of an alcohol and drug-free workplace continues to be a major focus, with the development and implementation of Employee Assistance Programs. The media continues to be an important vehicle for transmitting our prevention messages and priorities. We should continue to seek access to all forms of the media.

Progress in preventing the abuse of alcohol and other drugs has been incremental, with each advance being built on a foundation, and leading to further advances. The strength of this method lies

in its flexibility and its ability to influence major systems in New York State through training and technical assistance to community-based initiatives. The State's investment in prevention programs must be protected, and should not be reduced in value through lack of attention or support. It is this system that will propel us to the next stage of the evolution of alcohol and other drug abuse prevention, to achieve even more focused, positive results. If this system is allowed to deteriorate, the cost of reinvesting, in human as well as financial terms, is far more than what New York State should have to pay.

While much has been accomplished over the past year, a number of challenges remain that continue to affect prevention efforts. These include long-term learning difficulties associated with Fetal Alcohol Syndrome and Fetal Alcohol Effects or pre-natal exposure to crack and other drugs. Further, it is recognized that it is necessary to continue broad-based prevention efforts as we focus on identifying and intervening with those most at risk.

Several themes emerge.

New York State is basing alcohol and other drug abuse prevention programming on what is currently known about what works, and is making a serious investment in continuing to learn and apply that learning.

Clear goals have been defined. They include:

- preventing any alcohol and other drug use by youth; delivering a clear no-use message;
- delaying the age of first use as long as possible, with particular emphasis on gateway drugs;

- preventing the abuse of one drug from leading to the use of a wide variety of other drugs;
- preventing further deterioration through early identification and intervention;
- recognizing the prevention process as relevant throughout the life cycle, and not solely applicable to youth; and
- understanding and integrating relapse prevention as both a treatment and prevention strategy.

The alcohol and substance abuse service delivery networks in New York State are focusing on results. The essential elements of a comprehensive approach to prevention have been identified and are being utilized. Success is being measured by the changes they are producing.

Collaboration and integration are crucial and are adding value to limited resources, enhancing each of the component parts, and increasing the impact of individual efforts.

Community involvement strategies are being supported. Communities, neighborhoods, housing projects and block associations are struggling, learning and making a difference. New York State is supporting these efforts, learning from them in turn, and will use what is learned to teach others.

New York State is committed to transferring success, a process which assesses and validates proven models or approaches in prevention. Once validated, these approaches can be replicated in other areas of the State.

Research, evaluation and learning continue. As learning evolves and is put into practice, new questions are raised. Continuous investment in a prevention research agenda with integration and feedback among researchers, policy makers and practitioners, is a priority.

The sections that follow will expand on these themes, provide detail on their implementation, and outline recommendations to enhance and broaden the impact of prevention on alcohol and other drug abuse in New York State.

HIGH RISK GROUPS

Certain environmental and individual factors seem to increase vulnerability to alcohol and other drug abuse. Environmental factors include poverty, poor housing, lack of employment opportunities, mobile families, lack of family supports and mixed alcohol and other drug-use messages. Individual factors such as family history of alcohol and other drug abuse, joblessness, lack of academic and work skills, lack of appropriate coping skills, need for instant gratification, sexual abuse, domestic violence, and neglect may all be viewed as predictors of risk. Research shows that the more risk factors present, the more vulnerable an individual may be.

New York State has acknowledged that certain high risk individuals are unlikely to be reached through prevention efforts in the schools, the workplace, and the community, or in broadly focused programs for parents and families. Therefore, targeted programs designed to reach the most critical populations have received and will continue to receive the highest priority for support and expansion.

These efforts are targeted at:

- persons with HIV/AIDS;
- the homeless;
- victims of abuse/neglect;
- children of alcoholics and of substance abusers, including alcohol/drug affected babies;
- adolescent parents;
- latch-key children;
- out-of-school youth;
- Black and Hispanic adolescent males; and

Native Americans, Asians, Blacks, Hispanics, and other ethnic groups.

During 1989 and 1990, New York State has used its resources to support programs which address high risk factors, complement the role of other State systems (i.e. Division for Youth) and utilize strategies which have been proven successful over the long-term. State monies earmarked for the expansion of the DSAS prevention network in 1990 were utilized in this manner. As a result, 96 program initiatives across the State now focus on the reduction of risk factors known to contribute to alcohol and other drug abuse. Each new initiative will employ a results-oriented focus and will help explain what works for high-risk groups. A Department of Health allocation to DSAS in 1990 will also focus on reaching high-risk youth with AIDS prevention strategies.

Linkages with State agencies which provide direct services to high-risk youth were strengthened this year. In the Division for Youth, a multi-dimensional alcohol and other drug abuse prevention initiative was implemented. The components include a health education curriculum (*Innervisions*),¹³ extensive staff training on chemical dependency, and the networking of local youth boards with alcohol and drug programs in their counties.

Another effort, the Alcohol Awareness Program, (AAP), focuses on sentencing options for youth who violate alcohol purchase and possession laws and for youth charged with misdemeanor violations in which alcohol might have been a contributing factor. The eight-week program developed by DAAA focuses on the health and social effects of alcoholism and alcohol abuse. The AAP will be monitored and evaluated to determine its impact on improving awareness and attitudes toward alcohol and its effectiveness as a sentencing option.

New York State's agenda to combat alcohol and other drug problems in the most vulnerable populations is enhanced by connections with community and school-based prevention efforts.

While programs that target the individual are necessary, it is essential that the environmental factors be addressed as well.

The update sections on the Community and Schools will elaborate on the specific strategies that target the distressed community environment and the accomplishments that have been realized by the work of thousands of community volunteers, school personnel, human service professionals and law enforcement officers.

1991 Priorities

Effective strategies for working with those most at risk should continue to be developed and integrated with ongoing prevention efforts.

A growing body of information and new prevention and intervention strategies have been able to help individuals in high risk groups. To assist with replication of successful models, ADAC should encourage the systematic dissemination of the most innovative approaches and monitor their integration within ongoing prevention efforts.

Work with the New York State Division for Youth (DFY) to accelerate alcohol and other drug abuse prevention initiatives for its population should become a high priority. Efforts to link youth in DFY facilities to services in the community should be enhanced. Identification of resources to continue training DFY staff should be explored.

DFY targets a critical population. It is vital to the State's prevention strategy that the alcohol and other drug abuse services to youth in DFY facilities are sufficient, efficient and effective. To ensure continuity, young people who return to their family and community should have the necessary support and reinforcement to prevent relapse and further drug involvement.

Programs for high-risk populations funded through the DSAS 1990-91 expansion plan should be carefully structured to focus on results, and the lessons learned should be shared throughout the system.

The investment of prevention dollars to impact the most vulnerable populations in the State will garner the greatest results not only because these groups have the most to lose, but primarily because they have the most to gain. In other words, if we do not identify the most effective strategies and implement them earlier on, the investment does not pay off. By focusing on progress, lessons learned and milestones, the rewards of New York's investment can be more tangible. The lessons of these successful enterprises benefit the entire system because they strengthen the foundation on which the strategy was built.

To counteract the risk factors which contribute to a person's vulnerability to alcohol and other drug abuse, the State should focus its prevention efforts on programs and services that address the needs of the most vulnerable children, youth, adults, families and communities. Programs and services should be available where they are most needed, be easily accessed by the individual, and tailored to meet the diverse and changing needs of families and communities.

ADAC should continue to emphasize and promote the importance of targeted services to individuals and families most vulnerable to alcohol and other drug abuse. In order to reach these high-risk groups, every effort should be made to provide accessible, flexible services, which address very specific needs and include culturally relevant approaches. Research results in these areas should be carefully monitored.

THE COMMUNITY

Prevention efforts in communities across New York State have focused on the mobilization of citizens and resources. Our goal has been to diminish alcohol and drug problems by developing personal, family, and community strengths. Much has been accomplished through the involvement of community-based alcohol and other drug abuse prevention agencies, local councils on alcoholism, community volunteer groups and crime prevention programs.

While there is still a long way to go, the renaissance of neighborhoods/communities promises to become one of the most significant successes of anti-drug strategy in New York.

Councils on Alcoholism

Community alcoholism prevention and intervention programs, which provide information and referral services, community education services, and community intervention services, are the central functions of local councils on alcoholism. Historically, community alcoholism prevention/education and intervention/referral efforts have evolved along two distinct patterns: the development of a core of general community-based programs serving every county of the State, and implementation of targeted services to address special populations and high-risk groups. Other critical functions of the councils include centralized linkages to treatment programs and the training of professionals in the alcoholism field, as well as cross-training efforts with other health and human services professionals. In recent years, a number of councils have begun to address prevention issues related to the use of other drugs.

In addition to these core services, certain councils provide specialized functions. These may include operating county Drinking Driver Programs, coordinating the operation of Employee Assistance Programs and Student Assistance Programs for businesses and school districts in the county, and providing intervention services to

alcoholic persons and their families. In several rural counties, councils on alcoholism also provide treatment services, primarily alcoholism outpatient clinics and community residences.

In the past year, DAAA has been able to establish councils on alcoholism in 11 new counties. There is now a council on alcoholism serving every county in the State. An on-going activity of the councils is networking with community-based programs and other health and human services systems. Over the past year, more than 95 percent of the councils have established linkages with community health and mental health providers. In addition, more than 80 percent of the councils report cooperative relationships with law enforcement agencies such as police and probation. Several councils have established targeted education and intervention programs for special populations. Prevention programming efforts for special populations include:

- implementation of a Native-American program in Monroe County;
- development of targeted womens' prevention programs at eight New York City sites;
- implementation of an Erie County program targeting pregnant women;
- implementation of two programs targeting high school dropouts in Suffolk and Sullivan Counties;
- enhancement of an Albany County program designed to identify and refer elderly clients to treatment services;
- enhancement of a program in Monroe County for the hearing impaired; and
- implementation of a program for the mentally retarded in New York County.

Citizens Alliance To Prevent Drug Abuse

The Citizens Alliance to Prevent Drug Abuse (CAPDA) has continued to provide technical assistance to local community action groups. CAPDA has also developed a "grants alert" mechanism and a generic grant proposal for use by local community groups to apply for funding from various sources. As the coordinator for the Price Chopper mini-grant program (monies are donated throughout the food market chain and distributed to communities for alcohol and other drug abuse prevention projects), CAPDA received funds to distribute 23 mini-grants throughout the state.

A major initiative of the organization is the siting project, whereby CAPDA identifies and works with communities to generate support for the siting of potential drug abuse treatment programs; nine communities have been identified this year. CAPDA also coordinated the national Red Ribbon Campaign, a major prevention awareness campaign held in the fall of each year; information about campaign activities was provided to more than 10,000 individuals and organizations.

ADAC Community Demonstration Projects

In mid-1989, ADAC began four Community Demonstration Projects designed to create a partnership between state and local government and the community. These projects, in the Flatbush section of Brooklyn, Southeast Queens, Southeast Bronx and the City of Newburgh are focused on identifying solutions to alcohol and other drug abuse related problems and improving the quality of life in the designated neighborhoods. Each project developed comprehensive services and programs based on individual community needs and, where available, integrated existing service delivery mechanisms. The development of a broad-based, grassroots effort and a true partnership between government and the community has led to success in fighting the war on drugs at the neighborhood level.

Significant progress has been achieved in the demonstration areas. In each community, there is evidence of increased citizen participation, enhanced community organization and improved relations among the community, the local government and the State. Each community was organized in a similar fashion, utilizing a field director and community organizer to put in place a structure to facilitate the development, coordination and implementation of services in the four sites. Small work groups focused on specific issues, while steering committees oversaw the entire project. The composition of these groups is broad-based and includes residents (both youth and adults), local business people, representatives from area nonprofit organizations and government agencies, and political leaders.

Each steering committee has developed a plan to meet the alcohol and other drug abuse prevention and law enforcement needs of their community. In Newburgh, the community has also undertaken an ambitious agenda to increase drug and alcohol treatment capacity in the city.

Consequently, a number of new programs will be supported with State funding. There are plans to supplement police staffs in all four sites, and in Brooklyn, the Bronx and Newburgh. The district attorneys' offices will receive additional funds for personnel and computer enhancements. Newburgh and the Bronx will also operate citizen patrols to involve community members in crime-fighting efforts.

Three demonstration sites -- Newburgh, Brooklyn, and the Bronx -- will open new community schools in the coming year. In addition, all four sites will receive State funds to support large expansions of prevention activities. The programs target both young people and parents in the demonstration areas and include new community health workers, school-based instruction, mentoring efforts, latch-key programs, alternative education initiatives for drop-outs, employment services for youth, and parenting programs.

All four sites have successfully offered creative recreational and educational programming for community youth during the summer of 1990. In Newburgh, for example, previously padlocked parks were cleaned up, equipped and staffed to provide a safe haven for children in the city.

The high level of personal commitment on behalf of the community residents is evident. In Queens, for example, more than 7,000 volunteer hours have been dedicated to the project. In the Bronx, more than 75 residents of a housing project have been struggling to keep buildings from being taken over by the drug trade. Notably, many of the volunteers in all four communities are people who hold full-time jobs and are raising families. The people in the demonstration sites are committed to putting in the effort and hours necessary to turn their neighborhoods around. The value of their time and energy is difficult to quantify, but the quality is evident in the neighborhood changes they have accomplished.

Another common theme identified in all the sites is the unity and concern demonstrated by residents. Large numbers of residents turned out at rallies, marches and block fairs to demonstrate their willingness to fight for their neighborhoods and push the drug dealers out. The activism of these communities and the positive results that can occur is highlighted in the example of a Brooklyn apartment building called "The Castle." The residents of "The Castle" worked with an existing citizen patrol group and the local police precinct to develop tenant patrols to monitor and observe drug trafficking. This resulted in diminished drug-dealing and a project to develop a new gym for the residents. Another community in Queens confronting a similar problem now works directly with the landlords to screen future tenants to guarantee that appropriate residents will inhabit apartments previously utilized by drug dealers.

In addition, several battles on commercial strips and residential areas in the demonstration communities have resulted in the eviction of some

tenants and the padlocking of some businesses. Tenants who have previously been victimized by their drug-selling neighbors have formed new coalitions with landlords to guarantee that the dealers will not return when apartments are re-rented.

Several lessons have emerged from the community demonstration projects. First, persistence is an essential element on the part of government and the community. Ridding a community of a strong drug dealing network takes time. Progress can seem slow.

Second, community residents have both the desire and the ability to help themselves, but they are often afraid and unsure. When their desire is nurtured and hard work is properly directed, results can be significant. This support is most effective when government representatives move right into the community, working where they are accessible to the residents, in a way that allows the residents to incorporate their ideas into the overall drug fighting strategy.

Third, there is hope in overcoming what has often seemed like an insurmountable problem through a creative partnership approach. On blocks where people were afraid to walk to the grocery store, residents are now patrolling their own streets with community police officers. New state funded initiatives with city agencies in each site will also expand police and prosecutors' activities.

In neighborhoods where parents were afraid their children would be drawn into drug-trafficking or use, new services, new organizations, and new community centers have emerged as positive alternatives to the drug trade. For example, latch-key and other after-school programs are being established at each site and three sites have new Community Schools.

These community demonstration areas clearly show that with grassroots outreach and unique partnerships between the community and various branches of government, progress can be and is

being made. Sustaining community energy and determination over time is crucial. We should continue to look for ways to replicate these successes in other areas of New York State.

Other Community Organization Efforts

In addition to the four ADAC demonstration sites, several other initiatives enhanced community involvement in other areas. Prevention demonstration projects were initiated in several upstate communities in order to document and test effective mechanisms for strengthening alcohol and other drug abuse prevention efforts through community involvement. As part of this initiative, these communities will undertake a needs assessment and program development process using the Communities Organized for Prevention Efforts approach, which will integrate alcohol and other drug abuse prevention into the ongoing functioning of the community. An evaluation component will assess and document the process.

In addition, DSAS received a federal grant for up to three years to provide community mobilization and direct services in targeted inner-city communities in Albany and Buffalo. The Community Youth Activity Program focuses on enhancing the linkages among programs serving youth, and working with communities to identify and fill gaps in services. The primary aim of this project is to coordinate, enhance and concentrate alcohol and other drug abuse services for underserved, high-risk, minority youth, utilizing a multi-stage process. The goal of the first stage is to mobilize the community to develop and provide services to the target population. As part of the initial stage of the evaluation, a telephone survey of the target communities was conducted. Community organizers in these communities conducted face-to-face interviews with residents, clergy, political leaders and business owners. Two major findings giving direction to the project were that alcohol and other drug abuse was identified as the number one problem, and that there was a dismally low number of individuals involved in volunteer efforts to combat it.

In both communities, organizers have initiated strategies to overcome this problem. In Buffalo, 18 community action groups have received training and have developed action plans. The Albany site is recruiting more individuals while implementing a community newsletter and a promotional video.

Women and AIDS Project

The Women and AIDS Project is a community-based interagency and intergovernmental effort co-sponsored by DAAA and the Division for Women, with funding from the AIDS Institute. Its purpose is to provide women's perspectives on research, policies, programs, funding, and advocacy in regard to, and on behalf of women affected by AIDS. Chapters exist in New York City, Albany, and Long Island, and a new chapter is planned to begin in Rochester. Each chapter offers a monthly educational forum and an opportunity for participants to develop interagency linkages that serve people who are at-risk for HIV infection or who are already infected. Participants include staff from local and State governmental agencies, service providers, advocates, educators and HIV prevention specialists, representatives from various religious organizations, state legislative staff, caregivers, and local community leaders.

The project provides a unique opportunity for participants to meet on a regular basis to discuss problems, gaps in services, successful strategies for providing prevention and outreach services to individuals, particularly those who live in areas with high seroprevalence rates. It receives feedback on governmental policies and service delivery models, generates innovative proposals for delivering services and entitlement programs, and develops lines of communication and interpersonal relationships. A particular effort has been made to encourage the participation of minority women and to solicit their opinions and expertise.

The project has also co-sponsored a series of leadership breakfasts with the HIV Center for Clinical and Behavioral Studies, Empire Blue

Cross/Blue Shield, the National Women's Political Caucus, and the Manhattan Borough President's Office. The most recent breakfast was co-sponsored by Vogue magazine and featured June Osborn, chair of the President's Commission on AIDS, as the primary speaker with Diane Sawyer as the host. The breakfasts are designed to inform community leaders of the issues related to women and AIDS and to solicit these leaders' support in regard to activities designed to prevent HIV infection in women and to provide adequate and appropriate services to those who are HIV positive.

Housing Anti-Drug Initiatives

Approximately 400,000 persons reside within New York State-supervised moderate-income housing developments and public housing projects.

In June 1990, the State Division of Housing and Community Renewal (DHCR) issued a Housing Drug Survey¹⁴ report that provided the first reliable indication of the impact of illegal drugs on the people in these living units.

In general, drug use, and in particular, drug dealing, was found to be significantly more prevalent in public housing projects, with downstate projects reporting a higher incidence. Approximately three-quarters of the public housing projects and 40 percent of the moderate-income housing developments -- excluding senior citizen housing -- reported significant problems related to drug dealing on their premises.

Public housing authorities throughout New York State have shown innovation and determination in combatting illegal drugs in their housing developments. Seven of these authorities -- Buffalo, Freeport, Glen Cove, New York City, Peekskill, Schenectady and Syracuse -- received awards from the U.S. Department of Housing and Urban Development in 1989 in recognition of their outstanding drug prevention and elimination programs. In addition, the Schenectady Housing Authority recently won the National Association of Housing and Redevelopment Officials Merit Award for its program design, which incorporates a

security program and human services network and utilizes financial support and service donations from the public and private sectors.

Management, staff and residents of these authorities have developed close relationships with law enforcement agencies to establish police foot patrols and to facilitate evictions of drug dealers. They organized tenant patrols and established on-site satellite offices affiliated with treatment providers to offer general information and referral services. They also conducted television and poster drug prevention campaigns. These authorities have enlisted the support of State, federal and local government agencies, schools, citizen groups and private organizations to sustain their efforts.

A recent collaboration between the New York City Board of Education, the New York City Public Housing Authority and the Goodwill Industry of Greater New York will bring comprehensive alcohol and other drug abuse prevention services to three targeted public housing authorities in Manhattan's Lower East side, the Bronx, and Brooklyn. Project High Road has identified junior high school students as the primary audience for services and programming, organized by tenant associations and community-based agencies. Two private foundations -- The Fund for Public Education and the United Way -- are working closely with state agencies to integrate the knowledge gained from the project and facilitate its replication.

Initiatives have been undertaken in housing projects within the ADAC demonstration communities to address the needs of high-risk children and incorporate strategies that provide for safe, alcohol and drug-free alternative activities, especially in an after-school setting. For example, a recreational center designed to serve 150 children is being established with state funding at Newburgh's Bourne Apartment complex. This funding will supplement the State's prior commitment to modernize Bourne and help reclaim this complex from drug dealers.

DHCR has established an anti-drug program to help housing managers combat drugs in a variety of ways. For example, evictions of drug offenders from state-supervised housing have been facilitated through the revision of eviction grievance procedures and the strengthening of lease provisions. In 1989, DHCR amended its regulations to permit housing authorities to initiate evictions directly in court, bypassing the board of review process for cases based on drug-related grounds. A similar regulatory change eliminated the requirement of an administrative hearing before eviction proceedings could be initiated in moderate-income housing. In addition, New York was the first state to receive a waiver of the grievance procedure for evictions involving drug dealing or distribution within federally-assisted public housing.

In New York City, for example, district attorneys have utilized a number of measures, including federal forfeiture law and the State's "bawdy-house law",¹⁵ to remove drug offenders from state-supervised and private housing. A Narcotics Eviction Program established in the Civil Court during 1988 created special narcotics courts to expedite proceedings. The New York City Police Department's Tactical Narcotics Teams (TNT) street-level narcotics enforcement program coordinates with the Department of Housing Preservation and Development to evict drug offenders and seal abandoned structures which were used solely for the purpose of drug distribution. During a 90-day cycle in 1989, 27 buildings were sealed and 170 evictions were commenced.

The state has earmarked \$1,050,000 this year for public housing drug control efforts in Freeport, Buffalo, Yonkers and New York City. The funds will be used to increase patrols within the housing developments and improve coordination between the police and the housing community via increased contact and joint crime prevention efforts.

Twenty-three federally-supervised New York housing authorities were given awards totalling \$12.5 million this year through the federal Public

Housing Drug Elimination Program. New York State has launched a similar initiative for state-supervised public housing authorities. The Public Housing Drug Elimination Pilot Program, enacted as Chapter 713 of the Laws of 1990, empowers the commissioner of DHCR to fund programs designed to make physical security improvements, increase security personnel, investigate drug-related crime, and prevent drug use. However, the legislation was passed without including targeted funds.

Aside from these efforts in state-supervised housing developments, regular meetings have been conducted between DSAS and a consortium of New York City settlement houses to promote these organizations' role in drug prevention. DSAS has contracted with the National Association of Drug Abuse Programs to assist these settlement houses in implementing primary prevention programs.

Community Law Enforcement Initiatives

Research indicates that certain physical, social and demographic characteristics of neighborhoods determine their vulnerability to the incursion and entrenchment of the drug trade.¹⁶ In many instances, police can help to alter these characteristics or reduce their adverse impact on the community. They may, for instance, effectuate physical changes such as altering traffic patterns, improving neighborhood lighting and security, and removing abandoned vehicles often employed in the drug trade. Police may also help communities to identify and meet needs involving the supervision and development of youth, housing, adult education and security programs for the elderly.

The state has allocated \$3,850,000 in federal anti-drug abuse law enforcement funds this year for the establishment of Coordinated Omnibus Municipally Based Anti-Drug Teams (COMBAT) in 12 sites throughout the state. COMBAT programs will target street-level drug trafficking while enhancing coordination of all anti-drug efforts through the use of broad-based advisory task

forces. Among the specific objectives of the COMBAT initiatives are the mobilization of grassroots anti-drug efforts, the establishment of citizen crime patrols, and the reduction of drug use among youth.

Problem-oriented policing represents another means of reducing drug trafficking within neighborhoods and inoculating those areas against the further incursion of crime. It represents a shift from reactive, incident-driven policing to a proactive approach designed to address the underlying causes of crime, including community vulnerabilities. Police-community partnerships serve as the cornerstone of these efforts.

The Community Patrol Officer Program (CPOP) in New York City is the most prominent problem-oriented policing program in the State. A recent evaluation of the program indicates that street narcotics problems were a priority concern of the community, more so than any other social problem. An example of CPOP's accomplishments is the 47th Precinct's work with the Bronx Housing Court to evict drug dealers from their apartments through civil court proceedings. The CPOP program is targeted for significant expansion over the next few years, with all recruits being trained in the principles of problem-oriented policing.

The Suffolk County Police Department initiated its Problem-Oriented Policing (POP) program in December 1989 with a squad of eight officers. As of September 1990, 176 officers have been trained in problem-oriented policing. The program's achievements include the renovation of dilapidated housing and the improvement of traffic problems.

The Syracuse Police Department provides problem-oriented policing services through a variety of means including its storefront and foot patrol programs. Through such efforts, the department has recorded many accomplishments, including the resolution of significant social order disturbances in a community previously known by many as "Brick City." For several years, this area represented a "combat zone" in the summer

months. The public's fear, and the alienation of the residents from the police, placed the community at significant risk of crime, including an active drug market. A partnership between the police and the community established police foot patrols and organized frequent block parties. The summer violence has ended, and the police and community have developed a partnership that will continue to strengthen resistance to crime throughout the entire year.

These programs represent but a few of the problem-oriented policing efforts under-way throughout the State. The results of such endeavors are not always immediate and the challenges are many. Clearly, the success of problem-oriented policing is dependent not only on the abilities and dedication of the police, but also the organization within communities and the cooperation among diverse components of government.

1991 Priorities

The four ADAC Community Demonstration Projects should be continued. The experiences should be documented and translated into mechanisms that will insure usefulness to other communities across New York State.

As important as the CDPS are to the four communities involved, their greater value is to the hundreds of communities across New York State that can benefit by what is being tried and learned.

Mechanisms should be developed to encourage networking among the ADAC Community Demonstration Projects, Community Youth Activities Program, DSAS' Prevention Community Demonstration projects, New York/New York's "Project Connect", and other programs to maximize the impact of each, insure mutual support and enhance their collective impact.

Several community-wide initiatives are being conducted which build on the premise that concentrated attention on a community or neighborhood will increase the chances of successful prevention outcomes. Some programs involve community mobilization, some focus on high-risk groups (women and children, adolescents, etc.), and others seek to promote linkages among existing services as a means of enhancing service delivery. It is likely that none of these approaches alone will prove as successful as a combination of all of them. It is therefore in our best interest to promote communication among them and to insure that lessons learned are applied in all.

The interdependence of treatment, law enforcement and prevention initiatives within communities should be promoted more actively.

Each community will have its own priorities for action. The community's primary concern could be treatment, law enforcement or prevention, and its initial strategies focus on meeting that concern. After the initial concern begins to be addressed, it is important to recognize that long-term solutions lie in a commitment to insuring that each strategy is integrated into a comprehensive community-based anti-drug abuse strategy.

School and community-based alcohol and other drug abuse service providers should be encouraged to demonstrate interaction with a cross-section of the community they serve.

Alcohol and other drug abuse treatment and prevention programs have a special obligation to their communities. They should make every effort to reach beyond the specific clients served, educate the community, and become involved in community activities and model behaviors which promote an understanding of the prevention and treatment of addiction problems. The impact of such efforts holds great potential both for extending the benefits of the programs beyond their doors, and for addressing the problem of obtaining sites for expansion.

Contracts with community-based service providers for prevention services should focus on the relationship of these services to the primary goals of prevention, and be monitored against the achievement of those goals.

While clear direction is emerging about the strategies which have the best chance of succeeding in preventing alcohol and other drug abuse, service providers need to be encouraged to demonstrate how use of those strategies is producing change. The primary goals of prevention have been outlined. Contracts for services should focus on how movement toward these goals will be achieved, and on identifying indicators of whether that movement has occurred.

Continued pressure should be placed on the federal Office for Substance Abuse Prevention (OSAP) to coordinate their activities and grant awards with the New York State agencies planning and coordinating these initiatives. Past practices of bypassing the State systems have worked against New York State's goals.

While the premises on which OSAP's efforts are built remain consistent with New York State's comprehensive approach, the approach used to fund such initiatives does not support the State's efforts at coordination and integration with existing efforts. Projects are reviewed and funded with no awareness of the impact on other projects, no reflection of New York State priorities, and no requirement for coordination with State plans. ADAC should make it clear that this behavior at the federal level is counterproductive and contradictory to the basic premises OSAP is trying to promote.

Problem-oriented policing should continue to be encouraged and proactive efforts should be made to further integrate this initiative into community-wide prevention efforts.

The complementary role of community-oriented policing and community-based prevention efforts is becoming increasingly clear to both police organizations and prevention professionals. Both efforts demonstrate the importance of defining acceptable behavior, creating an awareness of the consequences of unacceptable behavior, and insuring the certainty of consequences. Movement toward these goals will be enhanced if cooperation between these systems is promoted.

Housing Priorities

Increase State and local government and private sector participation in housing anti-drug efforts through a variety of measures designed to enhance the physical safety and security of publicly and privately owned buildings, to facilitate evictions of tenants who sell drugs and to provide increased support for comprehensive drug prevention programs:

- **Provide State funding for Public Housing Drug Elimination Pilot Programs authorized by 1990 legislation;**
- **Utilize, to the extent possible, the State Division of Housing and Community Renewal's Public Housing Modernization Program to finance physical security oriented improvements, in addition to improvements of major structural systems; and**
- **Amend the "bawdy-house law" (Section 715 of the Real Property Actions and Proceedings Law) to enhance its usefulness as a tool for ridding privately owned buildings of drug dealers.**

Among the suggested amendments to the law is one that would authorize tenant and community organizations to serve owners or landlords with a

written notice of illegal drug sales occurring on their premises and to require these owners or landlords to start eviction proceedings against the suspected dealer upon substantiation of the claim. Where owners or landlords fail to act, these organizations should be authorized to bring a proceeding to remove the occupant conducting such illegal activity.

Only tenants, landlords, and enforcement agencies are currently empowered to initiate eviction proceedings in such a fashion. Organizations with a vested interest in the overall welfare of a neighborhood are less likely than individuals to be intimidated by drug dealers and may be more willing to initiate action. Conferring the recommended authority on such organizations can also help to circumvent landlords who tacitly condone illegal activity, who are apathetic, or who are afraid to get involved.

- **Replicate the Narcotics Eviction Program operating in the New York City Civil Courts in other regions of the State, as needed.**

It is crucial that the courts, the prosecutors and the police departments in a particular region agree on the need to expedite procedures for referring and handling drug-related evictions. Such a consensus led to the establishment of the Narcotics Eviction Program in New York City.

- **Amend DHCR's regulations to permit the owners of private multiple dwellings under rent control and rent stabilization, in high crime areas of Westchester, Rockland and Nassau Counties, to pass along security improvement costs to tenants.**

Owners in New York City are already permitted to pass along those costs, if 75 percent of the 86 tenants approve of such improvements.

- **Encourage private building owners in New York City to make use of the provision under NYC Local Law 41 of 1988, allowing tax abatements for certain types of housing improvements and major capital improvements, particularly those that directly improve a building's safety and security.**

SCHOOLS

The rapid changes occurring in our society and in the world today require dramatic improvements in educating our citizenry. Throughout our society, there is growing consensus that fundamental changes in the ways we raise and educate our children are needed, changes which focus on results, promote local initiative, and empower people at all levels of the system.

To accomplish this, schools must promote equity of opportunity for all pupils; provide appropriate developmental experiences for children, and develop and maintain connections with families (through frequent communication, involvement of parents in decisions about the school program, training in parenting, etc.). They must also develop and maintain connections with the community (through collaboration with social services and health agencies, community-based organizations, libraries and other cultural institutions, and representatives of law enforcement and business/industry), and provide constructive linkages between school/college and school/work. These linkages should include post-secondary study or work apprenticeships for those who have not yet graduated from high school. A prevention strategy that provides for the integration of school, community and family, benefits a student's educational experience and provides a sense of academic success and pride.

Schools are powerful centers for alcohol and other drug abuse prevention education because they are the one institution able to reach all of the

children in the State. They are a primary outlet for positive messages and age-appropriate instruction regarding healthy behaviors and choices. Beyond the family, no other institution can do more to support children in choosing positive lifestyles, free of alcohol and other drug abuse. Schools have responded to the crisis in a variety of ways, by providing thousands of hours of alcohol and other drug prevention education, implementing peer leadership programs, making schools the focal point of community health services and extended educational and recreational programs, establishing crisis intervention and counseling services, and encouraging all staff to receive alcohol and other drug abuse prevention training.

The following efforts reflect progress and accomplishments in the schools which promote prevention activities, foster school/community interaction, and expand programs for high risk youth. It is presented to reflect efforts in the entire school system (Kindergarten-Grade 12), Elementary School (Pre-kindergarten-Grades 4/6), Middle/Intermediate School (Grades 4/6-8), Secondary School (Grades 9-12), and Post-Secondary School. Programs which work through the schools but reach a broader community are discussed in the final part of this section, entitled Linkages.

Kindergarten-Grade 12

A Framework For Prevention

The establishment of comprehensive alcohol and other drug abuse policies is one of the most significant steps that can be made toward developing and maintaining drug-free schools and communities. With the publishing of A Framework For Prevention¹⁷ (a guide which reflects the joint efforts of the State Education Department, the Division of Alcoholism and Alcohol Abuse, the Division of Substance Abuse Services, and school and community representatives), schools were able to work with local advisory boards to define, develop and promulgate district-wide alcohol and other drug policies. Policy statements have been

submitted by school districts to SED and are in the process of being reviewed for compliance with federal and State regulations.

Framework is a humanistic document that recognizes alcohol and other drug abuse as a social problem, not a moral issue. By providing the means to develop clear and consistent policies, schools become a powerful catalyst for change in the community. To help students make healthy life choices and develop positive attitudes, school staff must help students develop appropriate life-skills, such as basic communication skills, decision making and problem solving skills, assertiveness training, refusal skills, consumer skills, and stress reduction skills.

Drug-Free School Zones

School/community partnerships are integral elements of New York State's continued success in reaching school-age youth. The "Drug-Free School Zone Guide" is a manual being developed which will assist schools and communities to create safe, well-marked, drug-free areas within and around school property. It will describe model programs, identify relevant laws and sanctions, and identify activities and strategies for program development. Currently in the initial stages of development, the project is expected to contribute to the efforts of police by making the school ground attractive to students and unattractive to drug dealers.

Regional Drug Education Centers

To supplement the general alcohol and other drug abuse strategy in the school setting, regional training was used to help school districts and communities coordinate their prevention and education programs. SED and the Regional Drug Education Centers provided the impetus for these trainings using Drug-Free Schools and Communities Act (DFSCA) funds. Section 5145 of the federal Drug-Free Schools and Communities Act Amendments of 1989 (P.L. 101-226) requires that each Local Educational Agency certify that it has

adopted and implemented a program to prevent the use of illicit drugs and alcohol by students and employees. All 713 school districts have submitted this certification (signed by the superintendent of schools and the president of the board of education) to SED.

The DAAA and DSAS network of alcohol and other drug abuse prevention programs complemented these training efforts with such programs and services as counseling and referral, awareness workshops, staff training on specific alcohol and other drug prevention approaches (e.g. Alcohol: The Gateway Drug¹⁸), and peer leadership programs. In addition, SED was recently awarded two school personnel training grants from the United States Department of Education. Alcohol and other drug abuse prevention training will be available to Liberty Partnership Programs and the 111 Regional Teacher Training Centers throughout New York State. These training grants will lead to the formation of a cadre of knowledgeable teachers to provide alcohol and other drug abuse training in the school setting.

Alcohol/Drug Affected Children

Particular attention should be paid to the children entering school in the coming years who have been exposed to alcohol and/or other drugs in utero. For example, according to Ira Chasnoff, M.D.:

"Substance abuse in pregnancy is one of the most commonly missed of all obstetric and neo-natal diagnosis according to the first national hospital incidence survey, conducted by the National Association for Perinatal Addiction Research and Education (NAPARE). As many as 375,000 babies may be affected each year."¹⁹

Teachers are reporting that these children may have trouble concentrating, interacting with groups and coping with structured environments. Early intervention and individual attention seems to be

crucial, as well as the availability of a variety of support services for the child and the family to permit such children to function successfully in the least restrictive environment.

At this time, it is necessary to proceed on three fronts. The first front is to implement and continue efforts aimed at preventing the use of alcohol and other drugs during pregnancy. The second front is to implement programs to meet the immediate needs of these children (including training and support of staff), and the third front is to review research data and evaluation of all efforts (such as those at Los Angeles' Salvin Special Education Center) in order to develop and adapt programs, as appropriate. Interagency efforts to support these children and their optimal development should be pursued.

Elementary School

Community Schools

Community Schools are designed to improve the academic performance of students by establishing the school as the nucleus for providing educational, health, nutritional and other supporting services to students and their families. They are open and accessible to children all year, from early morning through evening, six days a week, and the amount of time devoted to education is significantly increased.

School success is one key factor in preventing alcohol and other drug abuse among youth. Family and social relationships, personal achievements and challenges also contribute to children's development and their ability to resist pressures to use drugs. In the past year, Community Schools have been implemented in 12 new school districts, bringing the total to 33. The Community School approach is a comprehensive, community-based project. It is designed to break down the barriers - personal, social or environmental - that prevent children from experience success. At a single site, the Community School, through its early morning tutorial and breakfast programs, adult education

classes, cross-cultural experiences and medical and health related services, deals with the broad community within which children and their parents live.

As part of the overall ADAC prevention strategy, the implementation of Community Schools in three of the ADAC demonstration sites is viewed as a significant enhancement of the total anti-drug abuse plan. Sensitive to the needs of the community, these programs hire staff familiar with the community and the language and culture of target groups. Decentralized programming ensures the accessibility of programs to parents. The very nature of a Community School promotes empowerment, a concept the Community Demonstration Projects have confirmed is an important ingredient for success.

Primary Mental Health Project

Early childhood prevention strategies are becoming increasingly important to our comprehensive alcohol and other drug abuse efforts. The rise in the numbers of children prenatally exposed to drugs, physically or sexually abused, and living in chemically dependent families, emphasizes the importance of intervening early in a child's life. The Primary Mental Health Project is a school-based prevention program for children in grades pre-K through 3 who are at risk for school adjustment difficulties. The Project is designed to enhance children's well-being and address problems of children at-risk with programs such as a children of divorce program, a study-buddy program, a program for profoundly stressed urban children, and a social, problem-solving, training program for pre-school children and their parents. In addition, expansion money was recently awarded to allow an alcohol and other drug abuse prevention curriculum to be developed for children at the Lexington School for the Deaf, in New York City, in grades 3-6, with possibilities for replication statewide.

Middle/Intermediate School

Drug Awareness Resistance Education

The involvement of local police departments in school-based programs has furthered New York State's ability to reinforce prevention messages to youth. Drug Awareness Resistance Education (DARE) and local programs like it are designed for fifth and sixth grade students. Police officers work in the classroom helping students learn about alcohol and other drugs, about valuing themselves and their judgments, and about ways to cope with social pressures. DARE is currently offered in over 300 school districts and 198 nonpublic schools statewide, by 249 state-trained local DARE officers from about 165 participating law enforcement agencies. Since 1989, the State has provided DARE training to local officers, and developed and published 80,000 new student workbooks for use during the current school year. To expand the program and assure maintenance of its quality, the State has added a DARE mentoring component.

Private Sector Cooperation

While we have highlighted the efforts of communities, schools and governmental agencies to create a comprehensive prevention network, we cannot overlook the contributions the private sector has made. Linkages between business and schools can provide mentors and resources for innovative programs. One such program, funded by the RJR Nabisco Foundation, has selected 15 schools throughout the country to receive three-year grants from \$100,000 to \$250,000 per year, as the first step in the company's Next Century Schools program. Nathan Hale Intermediate School 293 in Brooklyn received \$222,886 to develop an Academy of Finance, Academy of Arts, Core Curriculum, Special Education Core, and an Alternative Program, in order to provide more adult contact for each student, to increase student abilities, attendance, retention, and technological literacy, and to develop more parental involvement in learning in these five mini-schools.

Secondary Schools

Safety

Alcohol-related highway deaths are the number one killer of 15-24 year olds. To address this specific problem, additional partnerships between law enforcement, highway safety advocates, schools, and drug and alcohol specialists led to the development of the Traffic Safety Education Guide²⁰ targeted to teenage alcohol and drug issues and taught in New York State high school classrooms. A "Chemical-Free" Prom/Graduation Celebration Planning Booklet,²¹ a how-to guide for helping high school students and their advisors design and implement exciting, high quality alcohol and drug-free celebrations in their schools and communities, was also printed and disseminated to schools throughout the State.

Peer Leadership

Youth in schools across the State have participated in a variety of alcohol and other drug abuse prevention programs, positive alternative activities and special events. These prevention programs taught life-skills, offered opportunities for drug-free socializing and recreation and supported youth at-risk through counseling and referral. Young people were also given a forum to share, plan and conduct alcohol and other drug prevention activities for their peers. In addition to these peer led strategies, adults in a variety of professions, including law enforcement, are working with youth.

"Spirit 90," a health promotion conference conducted by SED's Regional Drug Education Center at the Putnam/Northern Westchester Board of Cooperative Educational Services, is an excellent example of the growing number of youth participation events in New York State. In regions and counties throughout New York State, youth have taken an active role in the design and implementation of prevention programs, including youth leadership conferences, peer education and

tutoring programs, and Big Brothers/Sisters activities.

Six regional Youth SpeakOuts on alcohol and drug abuse were conducted statewide last year. Local and State policy makers listened to the opinions and recommendations made by youth on how to best handle the drug problem. The invaluable contributions of youth channeled in such positive ways has enhanced the impact of our alcohol and other drug abuse prevention system in schools and communities.

Post-Secondary School

College-Based Prevention/Intervention

A comprehensive college-based prevention/intervention program has been operating for the past nine years in New York State. The needs of college students are addressed by this statewide project. Central to the success of the program has been the recent implementation of the statewide College Consortia Project, sponsored by DAAA, which has expanded to include consortia in each of seven regions across New York State. Consortia representatives from colleges, universities and alcohol and other drug agencies, meet to develop effective programs to deal with the campus alcohol issue. The establishment of effective prevention/intervention programs in higher education has been promoted through the distribution of a college manual, Alcohol Problems Prevention/Intervention Programs: Guidelines for College Campuses.²² The manual provides campuses with a framework for developing an effective comprehensive alcohol program for administration, faculty, staff and students. The college consortia have received Fund for the Improvement of Post-Secondary Education grants from the United States Department of Education to financially support the development of effective alcohol and other drug prevention/intervention programs.

Linkages With Other Services

Health Education and Services Network

With the number of health education services, prevention programs and community partnerships emerging this year in our State, local assistance funds were earmarked to establish the Health Education and Services Network. Twelve regional advisory boards work with schools, drug and alcohol providers and community agencies to coordinate health-related and prevention-oriented programs, by identifying available resources, pointing out areas where services are missing or ineffective, sharing information about effective responses, developing coordinated responses, and evaluating the success of programs and approaches. The Health Education and Services Network ensures that organizations on the State, regional and local levels will work together to help schools better address these problems.

Liberty Partnership and Youth At-Risk and Community Partnership Programs

The Liberty Partnership Program and the Youth-At-Risk and Community Partnership Program are statewide initiatives that target school and community resources for the educational, psychological and social needs of children. The Liberty Partnership Program is a component of New York's landmark Liberty Scholarship program which guarantees a college education to young people who could not otherwise afford it. The 41 Liberty Partnership Programs provide the necessary services to assist and prepare students to pursue a college education. These programs provided 93,962 hours of counseling support to help 8,905 students and their families cope with the stresses and issues which often lead to dropping out of school.

Schools facilitated the provision of services funded by the Youth At-Risk and Community Partnership Program by using 60% of the grant funds to purchase services from community

agencies. Currently, 110 projects are operating in Boards of Cooperative Educational Services and schools, concentrating on prevention and intervention services in the areas of parenting education, drug and alcohol abuse, adolescent pregnancy, child abuse and suicide. Dropping out of school, child abuse/neglect, suicide, etc., are behaviors highly correlated to alcohol and other drug abuse, and the interventions provided by the network of Liberty Partnership agencies and Youth At Risk programs will increase our capacity to reach the children who need help.

Task Force on Integrated Projects

The Task Force on Integrated Projects, an interagency collaboration, has spearheaded efforts to integrate mental health, education and alcohol and other drug abuse services to high-risk youth. Federal and State funds have contributed to the funding of 60 ongoing and 25 new programs.

Family Support Communities

The Family Support Communities, an innovative legislative initiative, will focus on the alcohol and other drug abuse treatment and social service needs of female alcohol and other drug abusers. Targeted for implementation early in 1991, an interagency group has already begun preliminary program development work and released a Request for Proposals. As a component of each local Family Support Community, young children will receive early childhood prevention services while their parents receive treatment and other support services for their chemical dependency.

1991 Priorities

Promote widespread utilization of A Framework For Prevention,²³ Drug Education Curriculum, (grades) K, 1, 2, 3, 4, 5, 6, Junior High School, Senior High School,²⁴ and Alcohol: The Gateway Drug.²⁵

School policy guidelines and curricula remain centrally important elements of a comprehensive approach to alcohol and other drug abuse prevention. Agencies should coordinate their prevention approaches and deliver a consistent message and methodology to teachers in all materials, training, technical assistance and monitoring efforts.

Maximize teacher training initiatives through existing funding mechanisms and others to be identified; promote a high degree of involvement by the network of Teacher Training Centers.

Funds for teacher training in alcohol and other drug abuse prevention have been received through the U.S. Department of Education and are being administered in collaboration with New York State's network of teacher training centers, and SED's Liberty Partnership initiative. ADAC should recommend expansion of these initiatives and utilize them as models to involve parents, school support staff and community leaders as well.

Complete the PINpoint (Program Information Network) computerized data base and widely disseminate information on its capabilities throughout New York State's school and community service delivery system. Develop a dissemination plan to insure widespread availability and utilization of the product. Explore possible marketing outside of New York State to support the maintenance and continual updating of the system.

The PINpoint data base will allow information on what works in prevention to be available statewide in a systematic, coordinated fashion. ADAC should enlist the aid of the business community in seeking ways to make this data available.

Promote collaboration between the State Education Department and other networks (e.g. Health Education and Services Network, Drug Education Regional Training Centers,

DSAS network of service providers, councils on alcoholism, etc.).

New York State now has numerous networks coordinating various prevention activities. Network efforts need to become more integrated to improve the sharing of knowledge and resources. Learning opportunities to facilitate this goal and to promote widespread community awareness should be a priority.

Develop a mechanism to ensure that integration of alcohol and other drug abuse prevention services is being provided to schools through major funding streams: DSAS, Drug-Free Schools, Youth-At-Risk, Task Force on Integrated Projects, etc.

Over the last several years numerous funding streams have emerged which focus on alcohol and other drug abuse prevention. New York State's coordinated prevention agenda, as implemented through each of these funding streams, should reflect a consistent set of goals, strategies and outcomes. Each should be recognizable as part of a broader plan. Under the ADAC umbrella, mechanisms to accomplish this should be designed and implemented in 1991. For example, each entity receiving funds from more than one of these sources should be encouraged to demonstrate how funds are being utilized in a comprehensive way to work toward an integrated approach. All ADAC agencies should be aware of funding sources and seek to insure that duplication is avoided, that services are complementary and that the collective effort is consistent with New York State's comprehensive approach as articulated in its Anti-Drug Abuse Strategy.

Linkages With Other Services

Often, young people and their families may lack the skills or opportunities that are necessary for successful adult lives. New York State recognizes that parents, schools, community and cultural institutions, social services, and the health and business communities, must play an active part in

providing positive alternatives. This past year, educational, recreational, cultural and vocational opportunities were woven into the strategies employed by schools and community agencies battling alcohol and other drug abuse. These activities often open doors for future opportunity and personal growth, especially for teenagers. For many young participants, these alternative experiences have helped strengthen their community and school ties, reinforcing the practice of healthful behaviors and the responsibilities of citizenship. The statewide program that recruits local residents to act as mentors and positive role models for youth who may lack this support, has had a significant impact on the lives of many young people.

Education and Job Training

The Liberty Scholarship Program aims to decrease the dropout rate and to ensure high school graduation and entry into post-secondary education by awarding scholarships to all eligible students. Beginning in 1991, the Higher Education Services Corporation will process Liberty Scholarship awards. This program insures that no child in New York State will be denied a college education simply because he or she can't afford it. Activities are funded by State appropriations. Extensive publicity promotes outreach, understanding and awareness.

Several State agency initiatives targeted economically disadvantaged youth and people with disabilities (including people who are disabled by alcohol and drug use). The Youth Opportunity Program and Vocational and Educational Services for Individuals with Disabilities (VESID) Program have provided employment and job training services, in addition to serving as advocates for individuals who encounter barriers to employment. Another interagency project has involved local prevention providers making information and referral services available to individuals visiting the Department of Labor's Community Service Centers.

Two pilot sites have been selected in Buffalo and Gloversville.

Educational and vocational services assist young people to meet career and academic goals. However, many communities and schools lack adequate recreational, cultural and social programs for youth. DAAA's SAFE SUMMER Campaign serves as a model for organizing effective community-based programming that provides low-risk activities for young people and families. Sixty-five councils on alcoholism and other community/youth groups participated in the 1990 campaign, distributing over one million pieces of information advocating safe, healthy, low-risk activities. Under the umbrella of the SAFE SUMMER campaign, these groups also organized and participated in a variety of recreational and informational events throughout the summer months that directly involved over half a million New Yorkers. Thousands of other New Yorkers were reached via SAFE SUMMER PSAs and editorials.

DSAS has concentrated on the development of alternative activities targeted to high-risk youth in after-school settings offered in schools and community-based settings, young people are able to participate in activities including tutoring, counseling, recreational and cultural programs. The prevention programs were designed to meet the needs of latch-key children and other young people growing up in neighborhoods and communities that lack safe places and adequate supervision for conducting positive activities. In New York City, the National Association on Drug Abuse Problems this year has implemented the "3-to-6" initiative designed to promote the expansion of alternative programs to youth during after school hours.

A number of services will be offered to youth in the second phase of the Community Youth Activities Program, which was implemented in the inner-cities of Albany and Buffalo in 1990. These include educational and vocational supports, recreational and cultural activities, and direct

service counseling and primary prevention services offered through schools and community centers.

Two visible youth participation and advocacy organizations, the New York State Youth Council and Citizens Committee for New York City's Youth Force, have conducted several events that involve youth as the key planners, organizers, implementors and participants. The New York State Youth Council organized six regional Youth SpeakOuts last year that gave a forum for teenagers to share their opinions and ideas on the alcohol and drug problem. The final report presents a series of recommendations and observations on strengthening prevention services to youth. The role and responsibilities of media and advertising to deliver anti-drug messages, the need for positive adult role models, and the need to expand drug and alcohol prevention services are a few of the topics the youth explored.

1991 Priorities

Promote a widespread understanding of the linkages between alcohol and other drug abuse treatment and prevention. Insure that efforts aimed at pregnant women and their children address the prevention needs of the children, their siblings and the family. Coordinate school and community-based prevention services with emerging efforts which focus on particular target groups.

ADAC needs to promote an understanding of the connections between prevention and treatment. The need for effective prevention strategies to be integrated into treatment efforts, and to address the needs of family members who may become drug or alcohol involved is crucial. Treatment programs operating in communities need to provide linkages to school and community-based prevention services.

Further develop the role of New York State's mentoring effort as an alcohol and other drug abuse prevention strategy; encourage widespread use of mentors and adult one-to-

one interactions as a prime focus in school and community-based prevention programs.

The mentoring concept is closely allied with the premises of effective alcohol and other drug abuse prevention. More work needs to be done to promote, both from a programmatic and public awareness standpoint, the role mentors can play in prevention and the impact they can have on young people. ADAC should encourage awareness/training approaches and support the mentoring concept as a prevention strategy.

Continue to support the "3 to 6" initiative coordinated by the National Association on Drug Abuse Problems in New York City and explore its applicability to other areas of New York State.

The after-school hours have been identified as a high-risk time for unsupervised children, and studies show that there is a dramatic increase in the risk of drug and alcohol use during these hours. In 1990, a coalition of New York City businesses began a coordinated campaign to promote accessible "3 to 6" programming for every child. DSAS is part of that coalition and has focused resources on developing prevention programming during those hours. SED's Community Schools, by remaining open and providing programs after school, provide needed support for students and families. ADAC should seek to promote more widespread awareness, understanding and implementation of focused after-school programming as a prevention strategy.

Continue support of the New York State Youth Council, and the Citizen's Committee Youth Force to provide vehicles for youth to be heard and to participate in alcohol and other drug abuse prevention strategies within their schools and communities.

The voice of youth needs to be heard in the development of alcohol and other drug abuse prevention initiatives. The NYS Youth Council, the Citizen's Committee Youth Force and other

youth groups are beginning to foster that voice. ADAC should strongly support a strengthened role for youth in the overall process. All school and community prevention efforts in New York State should involve youth.

FAMILY

Family-focused prevention activities are essential if we are to achieve lasting results in our fight against alcohol and other drug abuse. The effects of society's rapidly expanding technology, the mobility of the workforce, and changing social and economic conditions have made it difficult or even impossible for many families to cope with child-rearing and family management.

New York State recognizes the family as a valuable resource and key influence on the healthy development of children. This past year, several programs and resources were made available for families, caregivers and family life/parent educators which are designed to build parenting skills, share accurate alcohol and other drug information and provide a network of parent and family support services.

Throughout New York State, parent education programs seek to prepare parents for their role in preventing drug and alcohol use. One approach, "Talking With Your Kids About Alcohol", teaches parents to examine their behavior around alcohol and other drugs, discuss the use of medicines with their children, and address questions and concerns about cigarettes, alcohol and other drugs. To reach as many families as possible with alcohol and drug abuse prevention information, PTAs, churches, community centers, and local malls were solicited as sites for programs and the recruitment of participants. Training provided families with information about alcohol and other drugs, their effects on the family, early intervention and retaining the family in treatment.

One of the problems associated with providing family-based prevention programming is accessing

all family members through a common institution. In an effort to address this problem, DAAA is investigating the potential of a church-based intervention project. The components of the program include a family lecture series, which provides information regarding alcoholism and alcohol abuse, followed by an assessment and referral process for those who may need intervention.

DAAA believes that this model may be successful in specific situations where other prevention models have proven to be limited. For example, the social influence model of prevention is reported to be less effective at preventing alcohol abuse than other drug or nicotine abuse because the prevailing social context regarding the use of alcohol is unclear. It is possible that the attitudes within a church-based context may be clearer and therefore more supportive of the anti-alcohol abuse message. A church-based model may also be more effective than school-based and workplace models at reaching minority populations.

The State has intensified its efforts within the past year to address the varied needs of families, especially those experiencing the highest levels of distress and dysfunction caused by alcohol and other drug abuse. The impact of alcohol and other drug abuse among families is felt profoundly in social service agencies, including child protective and foster care organizations. A host of State initiatives will start to reach out to families, especially pregnant women and their children. Several of these comprehensive initiatives (which are discussed in the treatment section of this report) contain prevention components designed to engage parents in skill-building and education programs on parenting and child development. They also provide services to children to promote optimal physical, emotional, intellectual and psychological development. In addition to these family projects, Homebuilders, a high-intensity social services program designed to prevent foster care placement, has been started in several areas of New York State.

There is significant interplay between the underlying causes of alcohol and other drug abuse and other problem behaviors, such as teenage pregnancy, dropping out, homelessness among youth, etc. For example, teenage pregnancy often occurs in young women themselves born to teenage parents. Adolescent parents often lack self-esteem, family support, and/or the skills and information to prevent pregnancy. A comprehensive approach to prevention includes family life education. The focus of family life education is on developing and understanding physical, mental, emotional, social, economic and psychological aspects of interpersonal relationships. Applying these skills and knowledge allows students the opportunity to develop healthy and responsible relationships within a wide range of family structures. A statewide Family Life Education Program, which served nearly 4,000 individuals this year, offered a wide variety of training programs, activities and services to local schools and community agencies. Within the school setting, resources allowed pregnant or parenting students to continue their academic studies and participate in vocational training, and provided daycare and other support services.

The provision of direct services to pregnant women and young mothers is a priority of the network of family centered agencies in New York State. The Single Parent Resource Center, funded by DAAA, exemplifies the integration of family services by combining outreach and parental support groups with after-school programs for children. Services like these provide respite and peer support for parents and supervised activities for children. As a result, family relationships are strengthened and communication improved.

1991 Priorities

Identify resources to promote the involvement of parents and families in all school- and community-based prevention efforts.

It is clear that one of the foundations of long-term success over alcohol and other drug abuse lies in supporting parents and families, and in finding

ways to increase their resiliency. The network of school and community-based programs now operating targets specific groups of individuals and addresses this important issue. ADAC should promote an understanding of alcohol and other drug abuse prevention as a family issue, and generate funding to support focused attention on parental and family involvement.

Move more aggressively to integrate alcohol and other drug abuse prevention into ongoing prevention programs for teenage pregnancy, school drop-outs, homelessness, AIDS, etc.

The interrelationship between high-risk behaviors which place young people at risk is well documented. Aggressive steps need to be taken to promote the integration of alcohol and other drug abuse strategies into all programs which deal with high-risk populations. ADAC should promote information exchange between programs and service providers. This exchange will increase awareness about available services and promote an understanding among providers that their clients are often the same. It is important for everyone to realize that success in one of these areas will impact on the success of all of them. An investment in integrating prevention service will reap significant rewards.

WORKPLACE

To enable New York State to reach as many people as possible, prevention and early intervention strategies which target the workplace are vital. The most productive and cost effective means to deliver services and information to the workplace is the employee assistance program (EAP). Through a series of collaborative projects undertaken by DAAA, DSAS and the Governor's Office of Employee Relations (GOER), the problem of alcohol and other drug abuse in the workplace has received significant attention and produced tangible results.

The State has made a tremendous investment, in conjunction with its employee unions, in its own employee assistance network, and is committed to helping organizations outside State government. Thousands of State employees utilize employee assistance services each year, and State agencies work closely with several organizations and handle numerous information and service requests annually. These activities have become models for similar EAP initiatives in other public and private sector organizations.

Employee Assistance Programs

Overall, Employee Assistance Program (EAP) activities have included a media campaign, implementation of the statewide EAP Consortia Initiative, publication of the State's first EAP regulations,²⁶ and the provision of training and materials for law enforcement officials.

The establishment of an EAP advisory board, composed of twelve small business, union and EAP representatives, was a significant accomplishment. With input from the Advisory Board, DSAS and DAAA developed the State's first EAP regulations. In addition to the regulations, requests for proposals were distributed statewide to assist with implementation of EAPs. Nineteen consortia projects were selected to serve work organizations that historically have had difficulty establishing an EAP. The target organizations of the consortia (some serving more than one group) are small businesses, community non-profit organizations, school districts, organized labor and law enforcement. The first round of EAP regulation compliance visits to funded consortia has been initiated.

Under a joint DAAA/DCJS memorandum of agreement, a fourteen member EAP/Police Panel has met every four months since February 1989 to prepare the EAP Desk Reference Manual for Police Administrators.²⁷ Ten regional training programs reaching over 650 police administrators are being held throughout the State to distribute the Desk

Reference Manual and provide hands-on training. In addition, EAPs were addressed at workshops and conferences attended by approximately 1,225 police and union officials.

For local consortia, a three-day training program was held in May 1990. The impact of the consortia EAP efforts will be assessed through the use of a statistical reporting system that will ultimately provide a marketing analysis. To promote the efforts of local consortia, a contract with the New York State AFL-CIO produced printed ads and audiovisual materials, including a television public service announcement. A toll-free EAP Information Line, 800-EAP-6433, has been established.

Resulting from a joint DAAA/DSAS proposal, New York State was selected by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) as one of ten states to conduct a Drug-Free Workplace Conference. The conference is now being planned by representatives of business, labor and EAPs. Lieutenant Governor Lundine, DSAS and DAAA will host the conference in New York City in May 1991.

EAP activities can be broadened to increase access to employees and family members of small work organizations, particularly those with high numbers of female and minority workers and economically-distressed individuals. Further communications to businesses and labor unions on evaluating the quality of existing EAP services and assessing outside EAP vendors is needed. Also, cooperative efforts that demonstrate how government and the private sector can work together to further common goals should receive ongoing support. Close interaction with the EAP field has resulted in cooperative developments around program guidelines, ethics and EAP, promotion, and the EAP regulations. Continued collaboration with the EAP field should be maintained.

Drug Testing

The State's drug testing policy continues to maintain a delicate balance between the individual's constitutional rights, the employee's negotiated terms and conditions of employment, the State's need to maintain a drug-free workplace, and the proven value of sanctions as the impetus for some to seek help.

A management committee has been formed to review state positions for pre-employment drug screenings or random screening of incumbents. The Committee, chaired by the Governor's Office of Employee Relations, includes representatives from the Lieutenant Governor's office, Department of Transportation, Division of State Police, Division of Probation and Correctional Alternatives, Office of Mental Health, Department of Health, Office of General Services, Office of Mental Retardation and Developmental Disabilities, Division of Criminal Justice Services, Division of Parole, Department of Environmental Conservation, Department of Civil Service (and its Employee Health Service), Division for Youth, and Department of Correctional Services.

Several job titles, including correction officer, environmental conservation officer, and capital police officer, among others, have been approved for pre-employment drug screening and additional titles are under consideration. A protocol for testing, designed to ensure the accuracy and confidentiality of test results, is in place, enabling the State to proceed with the testing program. Likewise, a careful, systematic process for evaluating State job duties and determining the appropriateness of pre-employment drug screening for additional titles has already been established.

New York State can make an even stronger statement regarding its disapproval of drug and alcohol abuse in the workplace through the acceleration of its pre-employment drug testing program and the imposition of drug and alcohol-

free workplace requirements on organizations receiving State funding.

The following recommendations build upon the drug and alcohol-free workplace record the State has already established. Furthermore, they enhance New York State's role as a leader in the drug and alcohol-free workplace field by expanding the State's comprehensive prevention strategy with necessary policies and programs on alcohol and other drug abuse.

1991 Priorities

Enact a New York State Drug and Alcohol-Free Workplace Act, establishing specific requirements for organizations receiving State grants or contracts, and for their employees or sub-contractors working under these grants or contracts.

The Drug and Alcohol-Free Workplace Act should require employers to: publish an anti-drug and alcohol policy statement and disseminate the policy to all employees, establish a drug and alcohol awareness and education program, and take appropriate action against workplace alcohol and other drug abuse. Employees would be required to make a good faith effort to comply with the Drug and Alcohol Free Workplace Act and to report any drug-related criminal convictions to their employers.

The State Act would be similar in spirit and purpose to the Federal Drug-Free Workplace Act, with the important distinction that the State Act would also pertain to alcohol abuse. Rather than a "detect and report" role, the State Act would reinforce the proper role of employers in managing their workplace and productivity. The federal law applies to grants or contracts in excess of \$25,000. The State Act should similarly establish a funding floor, so as not to unduly burden smaller contractors or grantees.

Immediately begin drug testing all applicants for New York State job titles that have been

approved for pre-employment screening. Rapidly accelerate the identification of additional job titles in the security, law enforcement, institutional care, transportation and other fields that directly impact on workplace or public safety, and begin testing these applicants as soon as practical.

By ensuring that the rights of individuals are protected and the health, safety and well-being of employees in the workplace are maintained, New York State will continue to demonstrate the seriousness of its commitment to a drug and alcohol-free workplace. In order to implement the testing protocols, and to ensure confidentiality of results, ongoing dialogue and coordination with employee unions and State agencies is necessary. In keeping with New York State's commitment to providing opportunities for treatment, all applicants testing positive would be given information on how to arrange for an assessment and how to access drug abuse and alcohol treatment.

Continue to provide financial and technical assistance and training to public and private organizations wishing to establish comprehensive alcohol and other drug abuse programs (including EAPs, drug testing, etc.).

The workplace is no less important than other settings for the successful implementation of a comprehensive drug and alcohol abuse prevention strategy. The provision of ongoing State funding and technical assistance to a variety of organizations can result in overall savings and increased levels of productivity, and should be sustained.

MEDIA

Involvement of the media is essential if we are to increase public awareness of alcohol and other drug abuse. Our ability to reach out to people of all backgrounds and interests throughout the State is dependent on successful use of all media. With

the assistance of newspapers, radio and television stations across the State, we can help educate New Yorkers about the dangers of drug and alcohol abuse -- furthering our prevention goals and encouraging people in need to seek assistance.

Several of the agencies involved in the Anti-Drug Abuse Council have produced public service announcements (PSAs) for broadcast media. The SAFE SUMMER campaign, coordinated by DAAA, is one example of a successful effort that involved prevention advocates and local media in the production of positive PSAs for their service area. These PSAs highlighted positive messages to promote alcohol and other drug-free activities.

Looking toward a long term solution, Governor Cuomo's Youth Drug Prevention Campaign combines school-based prevention activities with public awareness strategies. Working with an advertising company in New York City, the Youth Drug Prevention Campaign released a public service message to newspapers across the State. Because design and mailing costs were donated by an ad agency, and advertising space was provided by the publications free-of-charge, the cost to the State was minimal. Three versions of the message were produced to emphasize that the problem of alcohol and other drug abuse knows no racial, ethnic or economic bounds. Encouraging people to contact DSAS to learn more about prevention and treatment brought responses from across the State. With the help of athletes and celebrity role models, the campaign produces PSAs and arranges school visits to help young New Yorkers recognize the importance of setting goals and working hard to achieve them.

Another component of the campaign directly involves students with the media by encouraging them to use their knowledge and creativity to develop videos with anti-drug and anti-alcohol themes. Sponsored by DSAS and SED, the Annual Statewide Video Contest has resulted in the production of messages that are especially valuable in reaching young people because they are composed and delivered by their peers. This year,

winning contest entries were compiled in a powerful video narrated by actor Malcolm-Jamal Warner, which will be made available to schools across the State. The Governor's Athletes Against Drunk Driving program has also successfully called attention to the problem of drinking and driving, through presentations to more than 500,000 people.

Other public outreach efforts help educate people about the consequences of alcohol and other drug abuse. As a part of a broader statewide initiative, DOH's Infant Health Assessment Program devoted a component of the program to increasing awareness among mothers of the risks associated with exposure to alcohol and other drugs during pregnancy. The campaign material was printed in several languages.

Because of the growing recognition of fetal damage caused by pre-natal ingestion of alcohol and other drugs, New York State has expanded its statewide Fetal Alcohol Syndrome prevention, education and intervention program. Through a sustained print and electronic media campaign, the support of warning poster legislation and the training of health care providers by councils on alcoholism staff, women and their families are informed about the danger to their developing babies caused by any alcohol or other drug use prior to and during their pregnancy.

A variety of printed material and videos on alcohol, drugs, HIV, AIDS prevention and other health related problems were developed and disseminated by state agencies. The audience for these materials ranged from young children to alcohol and other drug abusing adults to staff of community-based agencies and school personnel. Informational posters and pamphlets, often including a hotline number for more information or service referral, have also been widely distributed.

It is clear that local media outlets provide an opportunity for reaching targeted audiences. Some print and broadcast outlets, recognizing the importance of their role in alcohol and other drug abuse prevention, have launched useful community

projects themselves. Long Island/New York Newsday's multi-year effort to reach schools, communities and parents is one example. Capitalizing on public service announcements already produced by the Partnership for a Drug-Free America, generating the support of Norstar Bank and the Members Only Corporation, and working with prevention professionals from the New York City Board of Education, the newspaper combined all the elements necessary for successful involvement by the media. Similar efforts across the State combine the expertise of local service providers with media access to the public in order to deliver effective information about drugs and alcohol. The Albany Times Union, the Middletown Times Herald-Record and the Finger Lakes Times have all published special supplements on alcohol and other drugs. These supplements were particularly effective.

In spite of the success of these efforts, however, a great deal more remains to be done. ADAC's 1991 efforts will complement the progress that has been made so far and establish more extensive relationships to guarantee ongoing media involvement in the attainment of our prevention and education goals.

1991 Priorities

ADAC will inventory and evaluate the media efforts of each of its constituent agencies, will consider the effectiveness of the advertising efforts of various anti-alcohol and other drug abuse groups, will convene a working group of ADAC and other State agencies, local providers and industry professionals, and will develop an ADAC media strategy by March 31, 1991.

A formal working group should be convened to brainstorm ideas that advance the media agenda of ADAC agencies. The Public Information Officers in each of the ADAC agencies should serve as support staff in this effort. Part of their work should focus on a coordinated approach to promoting effective State programs and the

progress of ADAC initiatives, as well as to insuring sustained coverage of the problem. The efforts of such a group would supplement steps already taken to ensure the articulation of a coordinated, consistent message about drug and alcohol abuse.

Work with the New York State Broadcasters Association to develop a Statewide Media Anti-Drug Day.

The New York State Broadcasters Association (NYSBA) has been studying efforts of similar organizations in other states in order to coordinate Media Anti-Drug Days. They approached the Lieutenant Governor for support of such a plan. After they evaluate the success of similar efforts in other states, they hope to develop a planning council for the event. Public Information Officers of each ADAC agency should form a committee to work with NYSBA to develop this idea.

Work with the Citizens Alliance to Prevent Drug Abuse (CAPDA) to assist community-based organizations in the formation of regional media advisory panels.

As part of the planning for a statewide Media Anti-Drug Day, community-based organizations receiving State funding should be contacted for advice and assistance through the Citizens Alliance to Prevent Drug Abuse. Ideally, the statewide effort will be regional in nature, with media outlets providing information about local programs. ADAC, CAPDA and NYSBA should sponsor the formation of regional groups consisting of personnel from regional State offices, local service providers and local media staff. In addition to working on the statewide event, local panels should work toward developing a plan for ongoing educational community outreach.

Publicize newspaper, radio and television station involvement in community efforts to fight alcohol and other drug abuse in other areas of the State.

Working with a national organization, WSUL radio in Monticello is going to publish and distribute a "Guide To Fight Substance Abuse" in Sullivan County. This newspaper-style publication will be provided by Parents Against Drug Abuse, Inc., and contain information, articles and quizzes on alcohol and other drug substances. Cost of the publication is covered by advertisements and it is made available in the community free-of-charge. Other media outlets should be informed of this effort and similar ones so that they can be replicated across the State.

Develop a process by which the Governor will recognize efforts of local organizations working to fight alcohol and other drug abuse.

With input from ADAC agencies, the Governor should regularly recognize outstanding efforts of community organizations or individuals making significant contributions to the fight against alcohol and other drug abuse in New York State. A Certificate of Merit should be developed as a symbol of recognition. The Governor's press office should announce the award of certificates and provide local media with information about the organization or individual being honored. A Capitol visit and photo opportunity should be arranged to formally honor all certificate recipients at the end of the year.

Establish a method of recognition for positive programming carried by electronic and print media that underscores the message of avoiding the abuse of alcohol and other drugs.

A strategy should be developed by which positive actions of the media -- such as television story lines that show positive alternatives to drug and alcohol use -- can be publicly recognized by the Governor and ADAC. A nomination process should be established that involves students and parents in the selection of award recipients. Working with community-based service providers, ADAC should solicit the input of people across the

State in the form of a short essay contest or a nomination petition requiring a certain number of signatures. Media outlets should be selected from the list of nominees to receive an award for their contribution to the fight against alcohol and other drug abuse.

Continue to involve celebrities in the fight against alcohol and other drug abuse and seek advice from entertainment industry publicists to improve promotion of their involvement.

The Governor's Youth Drug Prevention Campaign and Athletes Against Drunk Driving programs should continue to work with celebrity role models to arrange school visits that complement ongoing prevention activities. Special awareness campaigns, similar to the 1990 effort featuring the Teenage Mutant Ninja Turtles, should also be widely used. To maximize media coverage of these events, the ADAC working group focusing on media and representatives of the Governor's Youth Drug Prevention Campaign should seek the advice of entertainment industry publicists.

Improve statewide coverage of exemplary actions of young people by improving the promotion of State initiatives such as the Youth Drug Prevention Campaign Video Contest, the Decade of the Child Essay Contest and New York State Public High School Athletic Association tournaments.

All State programs geared toward or featuring children -- especially competitions such as the Youth Drug Prevention Campaign Video Contest, the Decade of the Child Essay Contest and New York State Public High School Athletic Association tournaments -- should be widely publicized as prevention activities. Each ADAC agency should prepare a list of programs that would be suitable for promotion. Advice should be sought from the New York State Broadcasters Association, as well as newspaper publishers, for improved coverage of these programs across the State.

Expand the use of cable television in the fight against alcohol and other drug abuse and include the members of the New York State Cable Television Association (NYSCTA)

Cable companies across the State (including NYSCAN) are useful outlets for anti-drug programming. The ADAC working group should consult with the New York State Cable Commission and NYSCCTA to determine the best use of cable television. Video tapes produced by agencies, like the collection of 1989-90 Video Contest Winners prepared as part of the Governor's Youth Drug Prevention Campaign, should be broadcast on public access channels.

The United States Congress should request the Surgeon General of the United States to prepare regular reports on "Drugs and the Public's Health".

While most of our recommendations focus on State activities, there is one aspect of federal policy that merits attention. The United States has made major strides against cigarette smoking through the use of widespread publicity and attention generated in large part by the Office of the Surgeon General. Research has shown that the Surgeon General's reports, coupled with the counter-ad campaigns on television in the early '70s, resulted in impressive declines in cigarette smoking. In a very real sense, we have "talked down" some of the highest rates of smoking in the western world.

Similarly, the role of discussion and publicity -- often stimulated directly by the Office of the Surgeon General and by community groups intent on increasing knowledge through public controversy and discussion -- has resulted in major progress in the campaign against AIDS.

We also note, with the recent and singular exception of drunk driving, the Office of the Surgeon General has not addressed the issues of drug abuse. Law enforcement and drug abuse

officials are left to combat this epidemic without the assistance of the nation's chief health officer.

Accordingly, we strongly recommend that the U.S. Congress request that the Surgeon General of the United States prepare a regular report to the Nation on "Drugs and the Public's Health." This report should bring together, in one place, the latest research and findings of investigators in and out of government. Special attention should be given to alcohol as the nation's leading drug of abuse. The primary focus of the report should be the link between alcohol and other drugs and the public's health.

PREVENTION RESEARCH

Two elements are crucial to New York State's approach to the prevention of alcohol and other drug abuse. First, we must continually expand and refine our knowledge base. Second, we must fully integrate all that is known about prevention into our service delivery system. Accordingly, the 1989 Strategy Report called for ongoing research and exploration into what works in alcohol and other drug abuse prevention. New York State has made significant strides in this area. A prevention research agenda has been developed in collaboration with several major universities and prevention practitioners to further explore promising findings and to test the applicability of other findings in various settings and with different target populations. These initiatives range from long-term longitudinal studies to outcome evaluations of specific program models.

At the community level, research efforts are exploring how community interest is generated, how community planning evolves and how to translate mobilization and planning into action. Two distinct demonstration projects, the Prevention Community Demonstration Project (PCDP) and the Community Youth Activities Project (CYAP), include evaluation components to assess the outcomes and effectiveness of the prevention strategies carried out in the targeted communities.

PCDP is being implemented in different rural, suburban and urban upstate communities, while CYAP has concentrated its efforts on inner city minority youth.

Past research analysis in the alcohol and other drug abuse field has emphasized the importance of reaching children prior to the age of experimentation. A longitudinal study of the Primary Mental Health Project (PMHP) seeks to measure the long-term benefits of early intervention (Pre-K - 3) with high risk children. The age-related focus of this research will provide information on the interventions that will have the greatest chance to reduce later involvement with alcohol and other drug abuse among high risk children. Other research studies will provide critical information on the effects of teaching life-skills to both a general junior high school population and to high-risk, inner city minority youth. Work on tailoring the methods used in teaching life-skills to the needs of this group is also underway. The use of culturally based myths as a teaching tool, for example, is being tried in an attempt to engage young people who were not being reached by traditional methods.

At the high school level, the evaluation of the mutual aid group work approach to alcohol and other drug abuse prevention will provide a long-term follow-up of high risk youth who received group counseling using the mutual aid model of group work services during times of high stress.

In order to further refine the design of prevention programs, research projects are underway to determine the core elements and strategies that shape successful programs. The results will be shared statewide, and further evaluated through the formation of a model program and tested for viability. To strengthen and build on the knowledge of general program models, research will also explore how well the broad prevention approaches (i.e. PMHP and Life-Skills Training) fit the needs of targeted subpopulations, namely, young children and inner city youth. In

addition, research will assess the relative effectiveness of a broad-based approach in services to all children of targeted age groups, as opposed to targeted services aimed at those who are at greatest risk.

Unlike the federal approach, New York State's "war on drugs" has maintained a balanced strategy that highlights alcohol and other drugs. Research demonstrates the need for this approach. The first experience with alcohol takes place at age 12 1/2, before the high school years. Marijuana use commonly begins at 14.6 years and cocaine use commonly begins at 15.9 years.²⁹

Alcohol is the drug of choice for youth. By the time they reach 12th grade 94.7% of all New York State students have used alcohol, while 50.9% have used marijuana, 14.0% have used cocaine, and 3.3% have used crack.²⁹ (See Table 1)

Cumulative scientific evidence conclusively demonstrates that alcohol use is the gateway to the use of other drugs. Research done at the DAAA's Research Institute on Alcoholism (RIA) and elsewhere has shown that alcohol use precedes the use of illicit drugs. Not all drinkers necessarily go on to use illicit substances, but nearly all heavy users of illicit drugs have used alcohol regularly before initiating their use of other drugs.

Another critical point is that illicit drug users also maintain a pattern of heavy drinking. Among those young people who have used illicit drugs, 80 percent are heavy drinkers. Additionally, the RIA has documented that early drinkers tend to be heavy drinkers for life. Adults who begin drinking at 16 or younger are at least three times more likely to be heavy drinkers than those who begin drinking at 21 or older. People who begin alcohol use after age 21 have very low rates of problem drinking.

Table 1

Ever Used Substance in Lifetime for Total Sample and by Sex and Grade in School

	Any Alcohol %	Beer %	Wine %	Hard Liquor %	Cig %	Marij %	Stim %	Inhal %	Any Cocaine %	Crack %	Psych %	Sedat %	Tranq %	Heron %	ILLD %	OID %	Total
ALL	84.4	78.5	74.2	51.2	57.7	27.5	11.1	6.3	5.9	1.9	4.8	4.1	3.8	1.4	31.8	17.9	(7811)
SEX																	
Male	84.5	78.4	72.8	53.1	52.8	27.8	10.2	7.5	6.6	2.3	5.7	4.2	3.3	1.8	31.9	17.8	(3744)
Female	84.4	74.7	75.7	49.3	62.3	27.2	11.9	5.1	5.2	1.4	3.8	4.0	3.9	1.0	31.3	17.9	(3848)
SCHOOL GRADE																	
7th	66.1	53.7	54.7	18.7	36.0	3.7	1.7	2.8	1.5	.8	1.1	.9	1.0	1.1	6.9	4.9	(1210)
8th	78.2	68.4	65.4	32.7	51.9	12.2	2.8	4.4	1.8	.7	2.2	1.8	2.0	.8	14.9	7.6	(1149)
9th	84.5	78.2	73.0	48.8	58.6	24.3	11.2	6.0	4.2	2.3	4.6	4.4	4.8	2.2	29.6	16.8	(1387)
10th	88.7	81.5	80.3	59.1	61.1	30.1	14.1	6.7	5.4	1.9	5.4	4.7	3.8	1.1	35.4	21.4	(1361)
11th	93.0	87.4	84.0	70.8	66.4	42.8	16.8	6.1	8.5	2.1	5.7	5.6	4.2	1.6	47.3	25.5	(1348)
12th	94.7	90.1	86.3	76.5	70.9	50.9	18.8	9.7	14.0	3.3	9.6	7.4	5.5	1.8	53.8	29.7	(1156)

Any Alcohol = Beer, Wine and/or Hard Liquor

Any Cocaine = Cocaine in any form, including crack

ILLD = Any illicit drug

OID = Illicit drugs other than marijuana

Kandel - New York State Psychiatric Institute

Related to the gateway concept is the recognition that alcohol is also a norm-setting drug. This is because of the relative approval and acceptance by society of drug use in the form of alcohol consumption as compared with other drug use. This is of particular concern for youth below the legal possession age, for whom alcohol use is often treated as a rite of passage or as somehow preferable to other drug use. Condoning alcohol use creates mixed messages for young people who will likely be faced with a similar choice about the use of other drugs. As long as use of alcohol is portrayed as less harmful than, or preferable to, other drug use, society is condoning the use of a drug.

This set of facts from the research has led the Division of Alcoholism and Alcohol Abuse to revise, update and reissue its Alcohol: the Gateway Drug³⁰ curriculum, which is being introduced to communities across the State by local councils on alcoholism trained in this approach.

In each of the ADAC communities, an Alcohol: the Gateway Drug comprehensive program is being introduced with an early education, prevention, intervention and treatment approach tailored to meet local norms and needs.

1991 Priorities

Continue the investment in the prevention research agenda begun in 1990.

New York State's anti-drug abuse strategy acknowledges the central role of prevention as the component which must be relied upon to produce long-term change. The effectiveness of programs must be continually evaluated, and the results used to refine and modify strategies as necessary. Just as current program development is built on past research findings, future programs depend on what is being learned and documented today. While it is often difficult to balance the need for resources for research against service delivery funds, this investment is essential to long-term success in the prevention of alcohol and other drug abuse.

Maximize the impact of each segment of that agenda by formalizing interaction among prevention researchers in New York State, representative practitioners, and policy makers.

Initial efforts have begun to insure that alcohol and other drug abuse prevention researchers in New York State have a forum to communicate with one another and share what is being learned. Those efforts need to continue, and to be expanded to include a wider array of researchers. Procedures for opening a dialogue among the researchers, prevention practitioners and those setting alcohol and other drug abuse prevention policy in New York State will insure that policy is based on research and practical experience. A comprehensive ADAC research agenda is integrated into the broad research priorities described in this report.

Disseminate what is being learned within ADAC agencies among other state and local entities, professional organizations and community-based groups so that what is already known is more widely used.

Each investment of prevention dollars must buy the best possible product, with the greatest chance of success. This is only possible if what has been learned is widely disseminated so that mistakes are not repeated, and new information reaches practitioners as quickly as possible. The experience of practitioners and findings of researchers should be readily accessible, and their use in new endeavors should become standard practice.

Publicize prevention research findings and work-in-progress at every opportunity to establish New York State's leadership.

A major issue in the fight against alcohol and other drug abuse is the lack of awareness of successful prevention efforts. The enormity of the problem often overwhelms individuals, families and communities. The more information is shared

about what works, the better equipped everyone will be to get involved and to contribute to the process of prevention. Such involvement is essential to long-term success. Aggressive dissemination of all that is known, continual attention to promoting prevention practices, and a willingness to contribute to further learning, should be actively promoted.

Develop the Alcohol and other Drug Abuse Prevention Service Delivery System.

Research and evaluation efforts advance the learning process and test the assumptions underlying the work of practitioners. It is the practitioners of alcohol and other drug abuse prevention in New York State who implement research findings, modify their approaches as new learning occurs.

New York State's network of prevention service providers includes more than 300 school- and community-based alcohol and other drug abuse prevention programs. This network provides services at over 1,700 sites, 52 councils on alcoholism, 86 Task Force on Integrated Projects prevention programs and countless community action groups of all sizes and descriptions. These groups continue to act as the laboratory, to further the learning, process, modify and refine it, and to share understandings and provide services throughout the schools and communities. The integration of alcohol and other drug abuse prevention into major social service, health and educational systems is crucial.

The long-term success of prevention efforts is dependent on an ongoing investment in a total prevention service delivery network using the skills of one system to support the skills of the others.

Efforts to promote the effectiveness of alcohol and other drug abuse prevention service providers should continue.

School and community-based prevention service providers should relate their methodologies to

courses of action supported by research and effective practice and continually integrate new information as it is developed. Collaboration among all ADAC agencies to move service providers in this direction should be encouraged. ADAC agencies should develop consistent report/evaluation forms in order to be able to review consistent data, and to generate reports based on this consistent data. ADAC should create a permanent prevention committee which will meet regularly to review this data and use this as a source of technical assistance to their colleagues at the local level. An annual meeting for service providers, conducted by ADAC, can provide a forum for review of these efforts, and an opportunity for colleagues to share. The ADAC prevention committee should publish a quarterly newsletter to bring successful programs to the forefront.

Development of a "transferring success" process should proceed.

This mechanism will allow systematic testing of the assumptions on which prevention programs are built, and replication of those approaches which are successful. An advisory group to help guide this effort should be established to solicit the input and support of a broad cross section of New York State's human services, drug and alcohol, educational and business communities.

Resources should be found to insure that gains made in alcohol and other drug abuse prevention in New York State are not lost, even if expansion efforts may need to be delayed. New York State should make every effort to maximize opportunities for further awareness, replicate strategies that work, and promote widespread involvement.

APPENDIX

Anti-Drug Abuse Council Community Demonstration Projects

The four ADAC Community Demonstration Projects (CDPs), located in areas which have shown particularly serious alcohol and drug-related problems, are designed to prevent and reduce alcohol and other drug abuse, and to address the problem of drug-related crime. The goal of the CDPs is to increase the number of citizens involved in anti-drug efforts and to demonstrate that the state, the cities and the neighborhoods can work together effectively.

In each demonstration project, community members are organized and are planning future programs in unique ways. A brief description of their experience to date follows.

Brooklyn

This CDP experience in the Flatbush section of Brooklyn has demonstrated the power of people working together and working with government to effect positive change. The CDP neighborhoods have made enormous progress: formerly paralyzed by the ravages of alcohol and other drug abuse, these communities have planted the seeds of pride and active involvement, and the seeds have firmly taken root.

The anti-drug effort in this site began with two small, neighborhood-specific anti-drug campaigns: the Newkirk-Ditmas Coalition, and RESPECT Flatbush. The two neighborhood organizations began by working independently to prioritize neighborhood needs and to develop ideas for meeting those needs. In the latter part of 1990, the groups began working together to achieve common goals. This trend will likely continue in the future.

Many members of the newly-formed neighborhood committees are individuals who have never worked closely with government. They are now finding that their groups can take part in decision-making, and can in turn bring about positive and lasting change in their communities. The results of the community/government partnership are clear.

Three successful anti-drug marches took place this year and plans were set for a fourth march during the 1990 holiday season. With each event, the number of participants has increased as community members overcome their fear and apathy and begin to understand how their participation can bring about change.

State resources for programs in the target area were allocated based on a joint decision-making process, involving both state agency representatives and neighborhood residents. New services will reflect the needs of the community members, and in many cases, will involve organizations based in the community as well as traditional government service providers.

For example, PS 249 is the recipient of a grant from the State Education Department to open a Community School. It will serve as the centerpiece for state-funded and community-supported activities. During evening hours, the facility will offer alcohol and other drug abuse intervention and referral services, HIV/AIDS counselling, a People's Law School sponsored by the Brooklyn District Attorney, support services for local landlords and tenants, and tutorials and parenting workshops.

In addition to establishing new lines of communication with state government, the Brooklyn CDP has been successful in improving communication between the residents and the local police precinct. Precinct and Community Police Officers Patrol (CPOP) personnel have taught area residents how to deter drug-related criminal activity, detect and report criminal activity, and establish and operate citizen patrols in the neighborhoods.

This working relationship has helped break down long-standing barriers between the community and law enforcement personnel, and has also enhanced the precinct's ability to deliver effective enforcement. In addition, both the community and the local police have benefitted from a new understanding of and sensitivity to the needs of the diverse populations of the neighborhood.

A joint proposal from the community, the police and the Brooklyn District Attorney's office will receive funding from the State Division of Criminal Justice Services for a coordinated effort focusing on approximately 20 buildings where known illegal activity is taking place. Community organizers will work to develop citizen/tenant patrols, the police will provide additional overtime for CPOP officers, and the district attorney's office will target arrests from these buildings for expeditious processing and prosecution.

This demonstration project is well-equipped to continue working toward maintaining a safe, drug-free community. Residents have seen the importance of working together toward a common goal, have learned how to work with government to assure that available services are deployed where needed and have learned the value of constructive relations with law enforcement agencies.

Queens

The Queens CDP is highly organized. At the start of the Project, the residents established a Steering Commission which consists of representatives of civic and block associations from the five communities included in the target area (Springfield Gardens South, Rosedale, Laurelton, Cambria Heights and the southern end of Queens Village), as well as the ADAC field director and a newly-hired community organizer.

The Steering Commission meets regularly on evenings and weekends, and guides all project activities through a series of subcommittees: Health

and Substance Abuse Treatment and Planning; Educational Outreach and Prevention; Youth Development; Economic Development; Law Enforcement; and Community Organization. A wide range of local residents and activists, locally elected officials, service providers and members of the religious community compose these smaller working groups. As a result of their efforts to identify and begin work on high-priority issues, the residents of Queens have realized significant success.

The community has assisted local police in shutting down several businesses known to encourage or participate in drug-trafficking. In addition, several tenants in Laurelton who were engaged in drug-trafficking activities were evicted, and neighborhood leaders worked closely with the landlords concerned to screen new tenants carefully, and to prevent future criminal activity in those buildings.

Residents from the five communities worked together to organize a large anti-drug rally and march in October, 1990. More than 1,000 people turned out despite poor weather, a visible signal that the residents are enthusiastic about the demonstration project activities and are committed to its success.

The Queens Steering Commission also prepared a highly detailed set of budget proposals in the spring, with an emphasis on prevention services for young people and law enforcement enhancements. As a result, several state-funded mentoring programs will begin operation in the near future, as will extensive after-school programming.

The Commission is now actively engaged in planning new activities and programs for the area. This community has been successful by working within a highly structured organization, and will use state funds to establish a Resource Council this year. The staff and volunteers of the Council will plan and oversee all community anti-drug activities, and will work to continue support for important activities over a long period.

The community residents are firm in their commitment to both short and long-range planning, and to continuing their hard work in partnership with the Anti-Drug Abuse Council.

The Bronx

Early on, the participants in the Bronx Community Demonstration Project, adopted a creative approach to the type of grassroots organizing envisioned by the Anti-Drug Abuse Council. The CDP encompasses the neighborhoods of Bathgate, Belmont, East Tremont, Bronx Park, and West Farms, with over 40% of its population on public assistance. The community is confronted with a multitude of problems, including high crime rates, widespread alcohol and drug use, high infant mortality rates, and high HIV infection rates. In addition, it lacks organized neighborhood and civic associations.

A community steering committee centered around Community Board #6 has worked hard to increase community participation in planning processes and activities. As a result, the steering committee now includes representatives from the local police precinct, tenant associations from Lambert Houses and Twin Towers, and representatives assigned to the committee by the Bronx Borough President. Four working committees established within this framework have devoted time and effort to planning community activities centering around law enforcement, health, youth services and education.

Members of the Law Enforcement Committee are actively working with DCJS, the Bronx District Attorney's Office and the 48th Precinct to organize a citizens' patrol. This initiative will allow residents to develop a partnership with police and prosecutors. Moreover, it will demonstrate to residents the value of organized community work.

The Youth Services and Education Committee working with state and city agencies to open a new

Community School at PS 59. The State Education Department and the New York City Board of Education are advising community leaders as they design the programs and activities that will be provided at the school.

The Bronx CDP's progress to date is not limited to funded activities. Notably the tenants of Lambert Houses have developed a core group of active volunteers who are working to prevent alcohol and other drug use and related criminal activity in their buildings. The tenant volunteers, which include both adults and young people, have formed two new organizations called New Hope and Young Hope. More than 75 people have already committed significant time and energy to improving the quality of daily life at Lambert Houses.

The Bronx CDP's ongoing activities indicate a growing recognition of need and interest on the part of the community. With continued assistance from ADAC, this community will come to represent an example of the success that can be achieved through a true partnership between government and communities.

Newburgh

The City of Newburgh was designated as the sole Community Demonstration Project in upstate New York. The choice was compelling - indices of serious crime, infant mortality, HIV infection, addiction among criminal offenders, teenage pregnancy, welfare caseload - all pointed to a city besieged by the scourge of crack and other drugs. An acknowledged drug trans-shipment center for the entire mid-Hudson Valley, Newburgh was reeling from the impact of both drug trade and consumption. No family, regardless of income or class, seemed immune.

A sizeable mobilization of civic leaders from all segments of city life was organized into three hard-working groups early in the project, concentrating on formulating strategies to tackle criminal justice,

treatment and prevention problems. Meetings of these work groups attracted unprecedented citizen participation and media attention. The largest anti-drug march in the Mid-Hudson Valley, with over 1,200 people participating, signalled a welcome determination by citizens to become involved. An impressive coalition of clergy from all denominations quickly followed.

Steps were taken to improve communication between the county government in Goshen and the impoverished and largely minority East End of Newburgh. Interagency coordination among the state, county and city governments helped to establish a new spirit of cooperation. Human rights issues, including the minority community's relations with the City Police, began to be addressed in a largely constructive manner.

Early on, the State was able to secure a substantial public housing modernization grant from DHCR to completely renovate the worst high-rise project in the City - Bourne Apartments, which will ultimately result in reclaiming 85 units of low-income housing which were being lost to the drug trade.

A partnership between the private and public sectors is also falling into place. One highlight of this partnership is the development of several cooperative vocational initiatives, which are sponsored by the Chamber of Commerce and some 200 affiliated local businesses. The Lt. Governor played a significant role in encouraging these businesses to become involved in these initiatives.

Most significantly, the recent award of several sizeable state grants has given the project the resources it needs to move into the critical next phase of implementation. Orange County was awarded a grant to set up an Alternatives To Incarceration project at the County Court in order to ease some of the serious overcrowding at the County jail and allow some detainees to obtain treatment ordered by a judge. City and school playgrounds, previously padlocked due to budget constraints, were opened in the summer of 1990 for

inner city youth. A community police patrol unit is being planned for the area with the most notorious drug trade. Operating out of a neighborhood storefront, the patrol will enlist community support for its activities. With the assistance of the project community organizer, emerging neighborhood block patrols are being given electronic equipment. Discrete grants to the county DA's office, and the City Court, should contribute to more expeditious processing of voluminous criminal drug cases.

Two Liberty Partnership programs, serving junior and senior high school pupils at risk of dropping out of school were funded along with the designation of a Newburgh school as a Community School center by SED. A latch-key program for youngsters and their families is in the process of being greatly expanded. A special supported work program to expose youth to the workplace and a new substance abuse youth counselor at the Youth Center are two additional examples of newly funded initiatives.

Significant expansion of treatment capacity, largely on an outpatient basis, but including the possible opening of new community residences for recovering alcoholics, is anticipated. The Newburgh community is extremely supportive of the siting of treatment programs within the city. DOH, DSAS, and DAAA are devising a plan to open the first Community Drug Assessment and Treatment Systems (C-DATS) complex in the State. This concept, highlighted in last year's Strategy Report, will build a multi-modality approach to treatment and link it to necessary primary health care. Programs which focus on the needs of pregnant teens and young addicted mothers and their infants, are receiving special attention as the community's articulated desire for treatment resources translates into concrete state funding during this coming year.

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